ASSESSMENT OF THE CORRELATION BETWEEN SLEEP AND GENERAL WELL-BEING AMONG ADOLESCENT DAY SCHOLARS AND HOSTELLERS IN SELECTED SETTINGS IN CHENNAI.

Dissertation submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY

CHENNAI-600 032

In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING

APRIL – 2016

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ABSTRACT

INTRODUCTION

Adolescence, the transition between childhood and adult life, is one of the most dynamic stages of human development. Adolescence is accompanied by dramatic physical, cognitive, social, and emotional changes, which are overlapping yet conceptually distinct from the physical changes marking puberty and physical maturation. Adolescent sleep patterns deserve particular attention because adolescents often "get by" with relatively little sleep, but it may be far less than they need. Pinning the problem to urbanisation and modernisation of lifestyle in which excessive excitation (physical or intellectual) is the norm and it interferes with the beginning of sleep. There is growing evidence that adolescents are developmentally vulnerable to sleep difficulties which causes serious consequences in their general well-being. It is important that adolescents has to get adequate sleep then it is highly possible to create a better platform for the young pillars of the nation.

STATEMENT OF THE PROBLEM

A comparative study to assess the correlation between sleep and general well-being among adolescent day scholars and hostellers in selected settings in Chennai.

OBJECTIVES OF THE STUDY

- To assess sleep among adolescents in selected settings.
- To assess the general well-being among adolescents in selected settings.
- To compare sleep and general well-being of adolescents.
- To correlate sleep and general well-being of adolescents.
- To associate sleep with demographic variables of adolescents.
- To associate general well-being with demographic variables of adolescents.

METHODOLOGY

Research approach was exploratory in nature. Descriptive research design was used for this study. The study was conducted among 200 samples, 100 adolescents day scholars and 100 adolescents hostellers were selected in the age group of 13-16 years, studying in CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount) Chennai, Santhome Higher Secondary School (Mylapore), Chennai. Convenient sampling technique was adopted to select the adolescent day scholars and hostellers based on the inclusion criteria. Structured self administered questionnaire and rating scale was used to collect data on sleep and general wellbeing from adolescent day scholars and hostellers.

RESULTS

The majority (57%) of the day scholars were Hindus whereas 63%, of the hostellers were Christians. Majority (54%) of the day scholars and 51% of the hostellers family monthly income was Rs. 10,000 to 19,999/-. The majority of day scholars (69%) and hostellers 78% were belonging to nuclear family. The majority of day scholars (52%) and hostellers (68 %) had 2 siblings. Regarding specific habits to promote sleep, 43% of day scholars had the habit of listening to music and 38% of hostellers had the habit of

reading books . On assessment of sleep among adolescent day scholars and hostellers, 37 % of day scholars and 56 % of hostellers had good sleep. Regarding general well-being 19 % of day scholars and 34 % of hostellers had good general well-being. The results showed that there was a positive correlation between sleep and general well-being of adolescent day scholars (r = 0.37) and hostellers (r = 0.45) at 1 % level of significance. There was a significant association between sleep and the demographic variables of adolescent day scholars such as gender (p= 0.00), number of siblings (p= 0.02), specific habits to promote sleep (p= 0.02). There was a significant association between sleep and the demographic variables of adolescent hostellers such as age (p=0.02), gender (p=0.01), and number of siblings (p=0.03). There was a significant association between general well-being and the demographic variables of adolescent day scholars such as age (p=0.001), gender (p=0.001), monthly income of the family (p=0.001), occupation of mother (p=0.001) and type of family (p=0.02). There was a significant association between general well-being and the demographic variables of adolescent hostellers such as age (p=0.001) and gender (p=0.001).

CONCLUSION

It is seen from this study that, adolescent hostellers had a good sleep and general well-being when compared with adolescent day scholars. There is a positive correlation between sleep and general well-being of adolescents day scholars and hostellers.

CHAPTER I

INTRODUCTION

Adolescence, the transition between childhood and adult life, is one of the most dynamic stages of human development. Adolescence is accompanied by dramatic physical, cognitive, social, and emotional changes, which are overlapping yet conceptually distinct from the physical changes marking puberty and physical maturation. Adolescence has been defined by the World Health Organization (WHO) as a period of life between 10 –19 years. The term adolescent is derived from the Latin word “adolescere” mean “to grow” into maturity (Hockenberry, 2010). In India, as per WHO country population strategies (2006 –2011), there are 225 million adolescent population, 12 % belong to the 10 – 14 years of age group and nearly 10 % were in 15 – 19 years age group. In the state of Tamil Nadu, as per the 2011 census, the total adolescent population is approximately 74, 23 772 adolescents (Tamil Nadu population census data 2011). Adolescent health and adolescent development are positive concepts. Adolescent health comprises physical, mental and social wellbeing.

The adolescent growth spurt is rapid and intense increase in the height and weight occur during this stage. Research suggests that teens actually need more sleep to allow their bodies to do the internal work required for such rapid growth. But adolescents often “get by” with relatively little sleep less than they need. Restricted sleep in adolescent is associated with profoundly impaired physical, emotional and social activities.

Sleep is a basic drive of nature. Sleep is essential for basic survival, occurring in every species of living creature. Sufficient sleep helps to think more clearly, complete complex tasks better and more consistently and enjoy everyday life more fully. Although many questions regarding the role of sleep remain unanswered, scientific studies have

shown that sleep contributes significantly to several important cognitive, emotional and performance-related functions. Sleep is, in essence, food for the brain, and insufficient sleep can be harmful, even life-threatening. The average duration of sleep required for adolescent boys and girls is about 8-10 hours each night (National Sleep Foundation, 2015). But getting enough sleep each night can be hard for teens whose natural sleep cycles make it difficult for them to fall asleep before 11 p.m.

Adolescent sleep patterns deserve particular attention because adolescents often "get by" with relatively little sleep, but it may be far less than they need. The observations of many parents, educators, and clinicians are in close agreement with a wealth of scientific data about the growing frequency of this worrisome pattern of behaviour. Adolescents typically get significantly less sleep than younger children, not because they need less sleep but because their schedule and biorhythms impede adequate sleep. Researchers studying the optimal sleep periods of adolescents have found that under controlled conditions (e.g., with no clocks and lighting cues), adolescents typically sleep 9 hours at night (Carskadon, M. A. 2012).

With the onset of puberty, adolescents begin to experience a sleep-phase delay in their biological clock (i.e., circadian rhythms) and develop a natural tendency to fall asleep later in the evening and wake up later in the morning. Even adolescents who are sleep deprived tend to feel alert in the evening, making it more difficult for them to go to bed at a reasonable hour. Sleep is triggered by the release of melatonin, a natural body hormone. The pattern and timing of melatonin secretion makes it hard for adolescents to fall asleep and wake up at the times necessary to get enough restful sleep.

The research confirms that adolescents who get enough sleep have a reduced risk of being overweight or suffering depression, are less likely to be involved in automobile accidents, and have better grades, higher standardized test scores and an overall better quality of life.(Cain, R., & Gradisar, M., 2009).

Restoring sleep is strongly associated with a better physical, cognitive, and psychological well-being. By contrast, poor sleep is related to impairment of cognitive and psychological functioning and worsened physical health. These associations are well documented in children and adolescents. Importantly, adolescence is hallmarked by dramatic maturational changes in sleep and its neurobiological regulation, hormonal status, and many psychosocial and physical processes. The role of sleep in mental and physical health during adolescence is complex. Therefore, sleep is a vital feature, poor or altered sleep in adolescent can induce maladaptive functioning and a number of psychiatric and physical diseases.

BACKGROUND OF THE STUDY

Sleep is not simply rest. Sleep involves dropping into a state with a relative loss of awareness of and responsiveness to the external world. Sleep is not some biological luxury. Sleep is essential to the healthy development of adolescents, as well as their success at school. Data on children and teens confirm that sleep loss and sleep difficulties can have serious detrimental effects. Research has also suggested that sleep patterns, or the times youth go to sleep and wake up and the weekday/weekend consistency of those patterns, may also influence risk behaviours and depression. Youth who have a greater weekend delay (ie, greater difference between weekday and weekend bedtimes) have been found to be more likely to engage in tobacco use, alcohol use, and marijuana use. (Fakier, N. et al. 2011)

Adolescents' sleep duration and subjective physical and psychological well-being are related. Complaints about poor sleep and daytime sleepiness are common among adolescents. Sleep disturbances have been related to poor psychological functioning, such as impaired cognitive performance, depression, and poor physical health. Poor sleep quality and sleepiness were independently associated with poor school achievement in children and adolescents. Remarkably, over 25% - 40% of adolescents report sleep disturbances which may compromise adolescents' mental and physical health in the long run. (Lemola, S., 2014)

In recent years, the proliferation of electronic devices (EDs) such as computers and cell phones has been implicated in the poor sleep of young people. A review of 36 youth studies from around the world linked use of such devices prior to sleep with late sleep and wake times and short sleep duration. Night time technology use is also linked with functional impact including increased sedentary behaviour prior to bed, subjective poor sleep quality, falling asleep in school and increased daytime sleepiness. (Gamble, A. L., 2014)

Johnson, J.G., (2010) in a study on association between television viewing and sleep problems during adolescence, reported that adolescent who watched 3 or more hours of television per day were at a significant elevated risk for frequent sleep problems. It was indicated that extensive television viewing tends to be associated with sleep problems among adolescents. Vean, M.M.V.,(2012), reported that students who gives up sleep for home work, extra study time, have trouble the next day understanding material in class and be more likely to struggle with an assignment or test.

Pinning the problem to urbanisation and modernisation of lifestyle in which excessive excitation (physical or intellectual) is the norm and it interferes with the

beginning of sleep. Whenever the teenagers have the television, music device, mobile, computers, internet connection in their room without the control of parents on its use, they dedicate their sleep for the usage of the gadgets. Adolescents staying in hostel for study purpose might not be exposed to all those electronic gadgets. Adolescents residing in hostel are governed by hostel rules and regulations and ensuring adequate sleep duration is mandatory for the well-being of adolescents.

NEED FOR THE STUDY

Adolescents in India, constituting more than one-fifth of the total population, are living in a new age and growing under the multiple influences of family, school, peer, and mass media. In particular, the adolescent are being shaped by influences like electronic gadgets, early school starting, over loaded home work. In addition some micro-changes such as mother's employment, rising parental aspirations, are leading to pervasive alterations in their sleep. The past research in this area does indicate challenges that seriously hamper health and well-being of a vast majority of adolescents in developed as well as developing parts of the world. (Sharma and Misra, 2009)

Adolescents sleep health is becoming increasingly recognised internationally as significant concern. Adequate sleep duration is a significant component of adolescent wellbeing and has both physical and behavioural health benefits. Inadequate sleep is associated with a wide range of health problems including mental health, academic problems, substance abuse and weight gain.

A nationally representative survey of more than 270,000 adolescents in the age group of 13-17 years from 1991 to 2012 reported that 72 % of adolescents regularly getting seven-plus hours of sleep per night in 1991. By 2012, in the same age group, only 63 % of adolescents reported regularly receiving seven or more hours of sleep per night.

The underlying reasons for the decrease are unknown, there has been speculation that increased internet or social media use and pressures due to the heightened competitiveness of the college admissions process are adding to the sleep problem (Katherine, M. K., et al. 2015).

Chennai is the capital city of the state and one of the most popular metropolitan city. Most of the schools in Chennai starts at 8.00 am which means the teenagers have to get up early to get ready and travel to school. Social and school obligations such as homework, sports, afterschool activities and parents concern towards scoring more marks in board examinations which makes the adolescents to go for tuitions (often occurring during in the evening) and socialization leads to late bed times. Also additional coaching classes conducted in schools for students takes the time of adolescents. Students spend a great deal of time on watching television, using internet and playing video games as a relaxation measure. This also influences their sleep habits.

There is growing evidence that adolescents are developmentally vulnerable to sleep difficulties which causes serious consequences in their general well-being. It is important that adolescents has to get adequate sleep then it is highly possible to create a better platform for the young pillars of the nation. It is understood that sleep is influenced by many factors which are varying for the adolescent day scholars and hostellers. The hostellers have limitations to the use of social media when compared with the day scholars. So the investigator is interested to conduct a comparative study to assess and correlate sleep and general well-being among adolescent day scholars and hostellers studying in selected settings in Chennai.

STATEMENT OF THE PROBLEM

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OBJECTIVES OF THE STUDY

- To assess sleep among adolescents in selected settings.
- To assess the general well-being among adolescents in selected settings.
- To compare sleep and general well-being of adolescents.
- To correlate sleep and general well-being of adolescents.
- To associate sleep with demographic variables of adolescents.
- To associate general well-being with demographic variables of adolescents.

OPERATIONAL DEFINITIONS

Assess: It is the act of gathering information regarding sleep and general well-being of adolescents.

Correlation: It refers to identifying the relationship between sleep and general well-being of adolescents using Pearson's r statistical technique.

Sleep: Sleep is a state of rest, which was assessed using structured questionnaire.

General well-being: It refers to a state of being comfortable and healthy in physical, mental and social domains which was elicited through rating scale.

Adolescent: A boy or girl in the age group of 13-16 years and studying in selected settings.

Day scholars: Adolescents who stays at home and coming to school in selected settings.

Hostellers: Adolescents who stays at hostel and coming to school in selected settings.

Selected Setting: It refers to schools such as CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount) and Santhome Higher Secondary School, Chennai.

ASSUMPTIONS

- The factors influencing sleep will vary from adolescent to adolescent.
- Sleep improves the wellbeing of adolescents.

RESEARCH HYPOTHESIS

- There is a positive correlation between sleep and general well-being of adolescents.
- There is a significant difference in sleep among adolescent day scholars and adolescent hostellers.
- There is a significant difference in sleep among male and female adolescents.

DELIMITATION

- The study is limited to 4 weeks of data collection.
- The study is limited to the selected school settings.

PROJECTED OUTCOME

- This study will help to understand about the adolescents sleep pattern and their general well-being.
- It will help us to find the relationship between sleep and general wellbeing.
- The study will help to elicit the difference in sleep and general well-being among adolescent day scholars and hostellers.
- The findings of study will help the investigator to make recommendations to adolescents on sleep hygiene and improvement of general well-being.

CONCEPTUAL FRAMEWORK

Conceptual framework is a brief explanation of a theory or those portions of theory to be tested in a study (Groove, 2003). Polit and Hungler (1989) described conceptual framework "as a group of mental images or concepts that are related but the relationship is not explicit." It is an abstract and logical structure that enables the researcher to link the findings to the nursing body of knowledge. The conceptual framework gives the idea of the investigator's main view and common themes of the research in the form of the visual diagram by which the investigator explains the specific areas of interest.

The conceptual framework adopted for this study is based on **Pender 's Health Promotion Model (1996)**. The model focuses on individual characteristics and experience, behaviour – specific cognition and affect and behavioural outcome.

The health promotion model notes that each person has unique personal characteristics and experiences that affect subsequent actions. It describes the multidimensional nature of person as they interact with the environment to pursue health. The set of variables for behavioural specific knowledge and affect have important motivational significance. The variables can be modified through nursing actions. Health promotion in behaviour is the desired behavioural outcome and is the end point in the Health promotion model.

1. **INDIVIDUAL CHARACTERISTICS AND EXPERIENCES**

a. **Prior related factors :** It influences subsequent behaviour through perceived self- efficacy, benefits, barriers and affects related to that activity. It refers to the past experience of the adolescents related to sleep practices and general wellbeing.

b. Personal factors : Personal factors are categorized as biological, psychological and socio- cultural. These factors are predictive of a given behaviour and shaped by the nature of the target behaviour being considered. It refers to the demographic variables of the adolescent day scholars and hostellers such as age, gender, religion, monthly income of the family, educational status, occupation of both father and mother, type of family, number of siblings, specific habits to promote sleep. It also included time spent by adolescent day scholars and hostellers in various activities such as indoor, outdoor sports, television viewing, computer usage, video game playing, tuition, mobile use.

2. Behaviour – specific cognitions and affect: These variables are considered to be very significant in behaviour motivation. They are a core for intervention because they may be modified through nursing actions.

a. Perceived benefits of action: The perceived benefits of a behaviour are strong motivators of that behaviour. It refers to adequate sleep which promotes good and moderate general wellbeing of adolescents.

b. Perceived barriers to action: Barriers are perceived unavailability, expense, difficulty or time regarding healthy behaviours. It refers to the problems related to poor sleep which includes no barrier or barriers related to sleep among adolescent day scholars and hostellers. The barriers for adolescent day scholars are such as television viewing, video games, mobile use, tuition and computer usage and for adolescent hostellers the barriers are television viewing and environment.

c. Perceived self efficacy : It is one's belief that one is capable of carrying out a healthy behaviour. It refers to the self efficacy of the adolescents to carry out

sleep practices for their general well being which they may or may not be able to to follow.

d. **Activity related affect :** The feeling associated with a behaviour will likely affect whether an individual will repeat or maintain the behaviour. It refers to the feeling of adolescent day scholars and hostellers towards their sleep and general well being, which is a positive physical, social and mental wellbeing or negative physical, social and mental wellbeing.

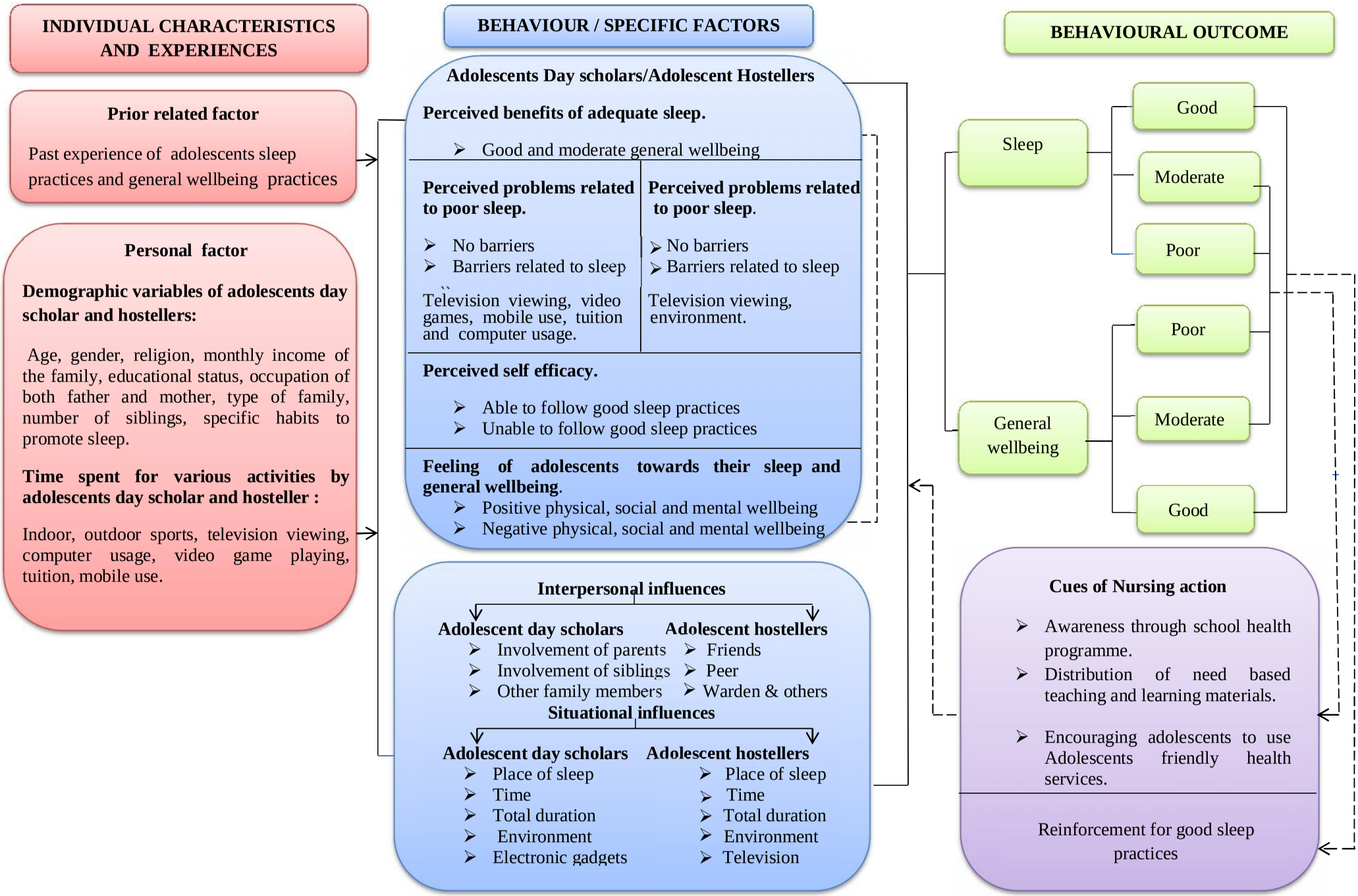
e. **Interpersonal influences :** These are feelings, thoughts regarding the beliefs or attitudes of others. The interpersonal influences for adolescent day scholars are such as involvement of parents, siblings and other family members. The interpersonal influences for adolescent hostellers are such as friends, peer, warden and others.

f. **Situational influences :** These are perceived options available, demand characteristics, and the aesthetic features of the environment where behaviour takes place. The situational influences for adolescent day scholars are such as place of sleep, time, total duration, environment and electronic gadgets. The situational influences for adolescent hostellers are such as place of sleep, time, total duration, environment and television.

g. **Behavioural outcome :** It refers to the outcome of the assessment on sleep which is categorized as good sleep, moderate sleep and poor sleep. The outcome of the assessment on general wellbeing is categorized as good well-being, moderate well-being and poor well-being.

3. **Cues to nursing action :** Health promotion behaviour should result in improved health, enhanced functional ability and better quality of life at all stages of behaviour. Here response of adolescents provide cues for nursing action like

awareness through school health programmes, distribution of need based teaching and learning materials, encouraging to use adolescents friendly health services, and reinforcement for good sleep practices.


INDIVIDUAL CHARACTERISTICS AND EXPERIENCES
Prior related factor
Past experience of adolescents sleep practices and general wellbeing practices
Personal factor
Demographic variables of adolescents day scholar and hostellers:
Age, gender, religion, monthly income of the family, educational status, occupation of both father and mother, type of family, number of siblings, specific habits to promote sleep.
Time spent for various activities by adolescents day scholar and hosteller :
Indoor, outdoor sports, television viewing, computer usage, video game playing, tuition, mobile use.
BEHAVIOUR / SPECIFIC FACTORS
Adolescents Day scholars/Adolescent Hostellers
Perceived benefits of adequate sleep.
Good and moderate general wellbeing
Perceived problems related to poor sleep.
No barriers
Barriers related to sleep
Television viewing, video games, mobile use, tuition and computer usage.
Perceived problems related to poor sleep.
No barriers
Barriers related to sleep
Television viewing, environment.
Perceived self efficacy.
Able to follow good sleep practices
Unable to follow good sleep practices
Feeling of adolescents towards their sleep and general wellbeing.
Positive physical, social and mental wellbeing
Negative physical, social and mental wellbeing
Interpersonal influences
Adolescent day scholars
Involvement of parents
Involvement of siblings
Other family members
Adolescent hostellers
Friends
Peer
Warden & others
Situational influences
Adolescent day scholars
Place of sleep
Time
Total duration
Environment
Electronic gadgets
Adolescent hostellers
Place of sleep
Time
Total duration
Environment
Television
BEHAVIOURAL OUTCOME
Sleep
Good
Moderate
Poor
General wellbeing
Poor
Moderate
Good
Cues of Nursing action
Awareness through school health programme.
Distribution of need based teaching and learning materials.
Encouraging adolescents to use Adolescents friendly health services.
Reinforcement for good sleep practices

CHAPTER –II

REVIEW OF LITERATURE

Review of literature is the systematic and critical review of the important published scholarly literature on particular topic. A literature is an organized written presentation of what has been published on a topic by scholars (Burns & Groove, 2004).

This chapter mainly deals with the review done on related materials for this study from various sources (Texts, Journals and Internet etc). The review enabled the investigator to develop an insight into the problem area. Various studies reviewed also helped the investigator in building the base for this study.

The review of literature in this chapter is presented under the following heading:

- Studies related to sleep and general wellbeing of adolescents.

STUDIES RELATED TO SLEEP AND GENERAL WELLBEING OF ADOLESCENTS.

Gamble, A. L. et al. (2014) conducted a study on adolescent sleep patterns and night-time technology. Adolescents aged 11–17 years (n=1,184; 67.6% female) were selected as a sample and completed an internet survey, over 70% of adolescents reported 2 or more electronic devices in their bedroom at night. Use of devices in bed a few nights per week or more was 46.8% cellphone, 38.5% computer, 23.2% TV, and 15.8% radio. Device use had dose-dependent association with later sleep onset. Almost every night computer use (: 2.43: 1.45–4.08) was associated with short sleep duration. The study findings concluded that use of computers, cell-phones and televisions at higher doses was associated with delayed sleep/wake schedules and wake lag, potentially impairing health and educational outcomes.

Felden, E.P.G (2014) conducted a systematic review on sleep in adolescents of different socioeconomic status. The review showed that there was a association between sleep variables and family income or parental education level, showing a trend among poor, low social status adolescents to manifest low duration, poor quality of sleeping patterns.

Kalak, N. et al. (2014) conducted a study on sleep duration and subjective psychological well-being in adolescence. Adolescents (age range, 10.02–15.99 years; mean age, 13.05±1.49 years; 51.8%, female) reported their sleep duration and subjective psychological well-being on school days using self-rating questionnaires. Cross-sectional and longitudinal analysis revealed that sleep duration decreased with age. Longer sleep duration was concurrently associated with better subjective psychological well-being. The study findings revealed that sleep duration is predictive of subjective psychological well-being.

Merikanto, I. et al. (2013) conducted a study to explore late bedtimes influenced school performance and health related concerns in adolescents. The study was conducted among 384,076 students in the eighth and the ninth grades of secondary schools and the first and the second grades of upper secondary and vocational schools (ages 14–20 years) using anonymous self-report questionnaire. The study findings revealed late bedtimes, especially those after 11:30 PM, indicated poor sleep which deteriorates school performance, motivation and increase the depression symptoms and other health related issues in adolescents.

Perkinson, N. G. et al. (2013) conducted a study to assess the relationship of sleep duration with positive attitude towards life, and academic achievement of adolescents. A total sample of 2716 adolescents 8th and 9th grade classes from Switzerland (mean age: 15.4 years, SD ¼ 0.8) were selected for the study. Participants completed an online questionnaire during regular school classes. The questionnaire assessed sleep habits, daytime tiredness, behavioural persistence, and attitude towards life along with school climate and satisfaction with various aspects of the school. The study findings revealed that insufficient sleep duration less than an average of 8 hours showed more tiredness, inferior behavioural persistence, less positive attitude toward life, and lower school grades, as compared to longer sleep duration.

Sarchiapone, M. et al. (2013) conducted cross sectional study to assess the correlation between the number of hours of sleep in adolescents with anxiety, emotional concerns, and suicidal ideation. It was performed on 11,788 pupils from 11 different European countries. The mean number of reported hours of sleep per night during school days was 7.7 (SD, ±1.3), with moderate differences across countries ($r = 0.06$; $P < .001$). The study revealed that reduced sleep was found to be associated with emotional concern ($\beta = -0.13$) and peer-related problems, conduct, anxiety and suicidal ideation. The study concluded that reduced hours of sleep are associated with potentially severe mental health problems in adolescents.

Short, M. A. et al. (2013) conducted a study to explore the relationship between sleep patterns and well-being of adolescents. Three hundred and eighty five students (60% male) participated in the study. Adolescents completed survey battery during class time at school, followed by a 7-day sleep diary. Sleep duration, bedtime, wake time and sleep onset latency for school nights and weekends were measured using prospectively

completed sleep diary reports. The pediatric daytime sleepiness scale was used to assess the sleep pattern. The study findings revealed that many adolescents had difficulty initiating sleep, unrefreshing sleep, and the subjective feeling of restless legs. The study findings highlighted the high prevalence of problematic sleep and daytime functioning in adolescents.

Hazzaa, M. et al. (2012) conducted a study to assess the prevalence of short sleep duration and its association with obesity among adolescents. They found that the mean (SD) of sleep duration was 7.2 (1.6) hours/day with no significant differences between males and females. About 31% of the participants obtained less than 7 hours of sleep per day, while approximately 50% of the sample got less than 8 hours of daily sleep.

Roeser, K. et al. (2012) conducted a study on relationship of sleep quality and health-related quality of life in adolescents. The sample comprised of 92 adolescents aged 11–17 years. All participants and their parents completed a health-related quality of life (HRQoL) measure and the sleep disturbance scale for children (SDSC). According to self- and proxy ratings, good sleepers reported significantly higher HRQoL than poor sleepers. Sleep disturbances were significantly higher and HRQoL significantly lower in self- as compared to parental ratings. Girls experienced significantly stronger sleep disturbances and lower self-rated HRQoL than boys. The findings support the positive relationship of sleep and health-related quality of life in adolescents.

Moore, M. et al. (2011) conducted a cross sectional study to investigate the relationship between adolescent sleep time and individual and health related characteristics. A total of 247 adolescents were involved in a larger community based study. The study findings revealed that gender, minority status, and BMI were

significantly associated with sleep duration (all p<.05), with girls, non-minority adolescents, and those of a lower BMI obtaining more sleep.

Fuligni, A.J. & Hardway, C. (2010) conducted a study to examine daily dynamics of adolescents' sleep, activities, and psychological well-being, among an ethnically diverse sample of over 750 adolescents approximately 14–15 years of age. Studying and stressful demands during the day were modestly but consistently associated with less sleep that evening. The study findings showed that receiving less sleep at night, is modestly associated with higher levels of anxiety, depressive feelings, and fatigue among adolescents. The study findings concluded that sleep time was associated with daily physical and psychological well-being.

Joseph, J.B. (2009) conducted a study to assess sleep quality and quantity and associated factors among adolescents. The study population (n=2,536) adolescents in grades 9-12 were participated. Regression models were estimated to identify factors associated with reduced (<9 hours/ night) and poor quality sleep on average during weeknights. The study findings showed that factors significantly ($p < 0.05$) associated with poor quality sleep were, often feeling stressed or anxious, using a computer/ playing video games 15 + hours per week, etc . Factors significantly associated with reduced quantity of sleep were, often feeling stressed or anxious, and often having headaches/ stomachaches. The study findings revealed that 81.20 % of adolescents getting reduced quantity of sleep and 12.80 % of adolescents are getting poor quantity of sleep which affects their physical, cognitive and psychological well- being.

Tynjala, J. et al. (2009) conducted a study on perceived sleep quality and its precursors in adolescents. This study investigated perceived sleep quality among 4187 Finnish adolescents. The study findings showed that about 30% of pupils had difficulties

in falling asleep and almost every fifth adolescent reported nocturnal awakenings every week. Results indicated that a good home atmosphere, a health-promotive lifestyle and good self-perception are important constituents of good sleep among adolescents. The study concluded that good and refreshing sleep is one of the constituents for general well-being among adolescents.

Yen, C.M. et al. (2006) conducted a cross sectional study to examine the relationship between adequate sleep and health-related behaviours. A total of 656 boys (53.2%) and girls (46.8%), ranging in age from 13–18 years were included in the study. Three hundred and fifty seven subjects (54%) reported that they slept less than the suggested 6–8 hours on schooldays. A significant positive association was found between low sleep and health-related behaviours like life appreciation, taking responsibility for health, adopting healthy diet, effective stress management and regular exercise. The study findings concluded that adequate sleep is associated with good health status and high frequency adoption of health related behaviour.

CHAPTER III

METHODOLOGY

This study was undertaken to assess the correlation between sleep and general well-being among adolescent day scholars and hostellers in selected settings in Chennai. This chapter includes research design, settings of the study, population, sampling technique, criteria for selection of samples, sample size, description of the tool, validity of the tool, pilot study and procedure for data collection and plan for data analysis.

SCHEMATIC REPRESENTATION OF METHODOLOGY

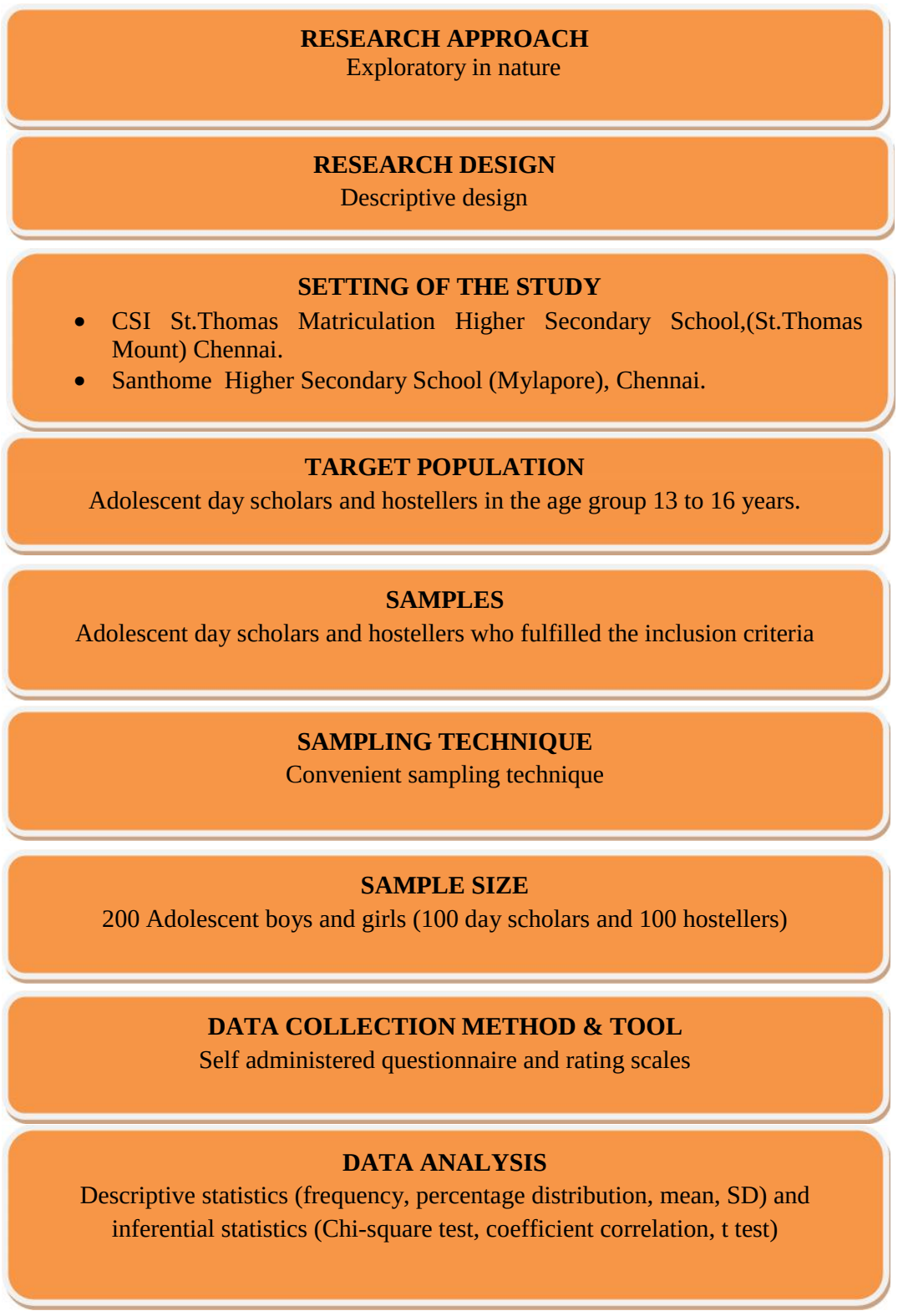


Figure 2. Schematic representation of methodology

RESEARCH APPROACH

Research approach was exploratory in nature.

RESEARCH DESIGN

A descriptive research design was used for this study.

VARIBLES OF THE STUDY

The major variables of the study were the sleep and general well-being of adolescent day scholars and hostellers.

SETTING OF THE STUDY

The study was conducted among adolescent day scholars and hostellers in the following settings,

- CSI St. Thomas Matriculation Higher Secondary School (St. Thomas Mount), Chennai.
- Santhome Higher Secondary School (Mylapore), Chennai.

POPULATION OF THE STUDY

The population for this study consisted of adolescent boys and girls, both hostellers and day scholars in the age group of 13 to 16 years studying in the selected schools in Chennai.

SAMPLES OF THE STUDY

Both boys and girls in the age group of 13 to 16 years who fulfilled the inclusion criteria were selected as samples.

CRITERIA FOR THE SELECTION OF SAMPLE

Inclusion criteria

- Adolescents who are willing to participate in the study.
- Adolescents who are in the age group of 13 to 16 years and studying in the selected schools.
- Adolescents of both male and female, day scholars and hostellers.
- Adolescents who can understand English or Tamil.

Exclusion criteria

- Samples of pilot study were excluded.
- Adolescents with known diagnosis of any chronic illness such as seizure, asthma, juvenile diabetes mellitus etc.

SAMPLE SIZE

A sample size of 200 adolescent boys and girls were selected which included 100 adolescent day scholars and 100 adolescent hostellers.

SAMPLING TECHNIQUE

Samples were selected from two schools. In each school 100 adolescent boys and girls were selected based on the inclusion criteria. 100 adolescent day scholars were

selected from CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount), Chennai and 100 adolescent hostellers were from Santhome Higher Secondary School (Mylapore), Chennai. The convenient sampling technique was used to select the samples.

The details of adolescent day scholars and hostellers from two settings were as given below:

Age	Santhome Higher Secondary School		CSI St. Thomas Matriculation Higher Secondary School		Total
	Day scholar boys	Day scholar girls	Hosteller boys	Hosteller girls	
13	12	12	12	12	48
14	13	13	13	13	52
15	12	12	12	12	48
16	13	13	13	13	52
Total	50	50	50	50	200

DATA COLLECTION TOOL

A structured self administered questionnaire was used as a tool for data collection.

DESCRIPTION OF THE DATA COLLECTION TOOL

The tool was prepared based on the information gathered from the review of literature and objectives of the study. It consisted of three parts.

Part –I a : Demographic data of the children

It consisted of 12 structured questions to elicit the demographic variables of children like age, gender, religion, monthly family income, education and occupation of mother and father, type of family, number of sibling, and hosteller or day scholar.

Part – I b : Personal habits

It consisted of 8 structured items to assess the personal habits such as, time spent in sports activity, indoor, outdoor activity, television viewing, computer & internet usage, video game playing, studies and homework at home, tuition, mobile use and any other activities.

Part-II : Assessment of sleep

Sleep was assessed using structured questionnaire. It consisted of 13 structured questions with 4 possible options for each question. The questions were related to the time to go for bed, time at wake up, total sleep duration, frequency of wake up in between sleep, day time sleepiness, place of sleep, perception of self quality of sleep, perception of need for more sleep, difficulty in falling asleep, early awakening, and quality of sleep.

Part-III : Assessment of well-being

Well-being of adolescents was assessed using a Rating scale. It consisted of 30 items to assess physical, mental and social wellbeing. It consisted of both positive and negative items. The details of positive and negative items were as given below:

S. No	Domains	Positive item Nos	Negative item Nos	Total number of items
1	Physical wellbeing	1, 2, 3, 4, 5	6, 7, 8	8
2	Mental wellbeing	1, 2, 3, 4, 5, 6, 7,8	9, 10, 11, 12, 13,14	14
3	Social wellbeing	1, 2, 3, 4, 7,8	5, 6	8
	Total	19	11	30

SCORING AND INTERPRETATION OF DATA

Part : II Assessment of sleep

There are totally 13 structured questions and the maximum score is 14. In each item there are 4 options. The scoring for each item is as follows:

Score	No score	Maximum score 1	Maximum score 2
Question No.	1,2,3,7.	4, 5 ,9, 10 .	6, 8 ,11 , 12 ,13.

The four items which assessed the habits, no score was given for the option chosen. For 5 items, which rated the sleep, the score ranged from zero to two based on the option chosen. For 4 items, a maximum score of one was given for the appropriate option chosen.

For each individual the percentage score was calculated by :

$$\text{Percentage} = \frac{\text{Total marks obtained by the samples}}{\text{Maximum total marks}} \times 100$$

Based on the percentage, the adolescent's sleep score was interpreted as follows:

Score	Grade
75 % & above	Good sleep
50 % - 74 %	Moderate sleep
0 % - 49 %	Poor sleep

Part : III Assessment of well-being

The rating scale consisted of 30 items to assess physical, mental, and social wellbeing. The total score is 60, for each item, the maximum score is 2 and the minimum score is 0. The scale legend were always, sometimes and never. The scoring for the positive and negative items were as follows,

Scale legend	Positive statement	Negative statement
Always	2	0
Sometimes	1	1
Never	0	2

Percentage score was calculated by using the below mentioned formula,

$$= \frac{\text{Total marks obtained by the samples}}{\text{Maximum total marks}} \times 100$$

Based on the percentage, the adolescents wellbeing score was interpreted as follows :

Score	Grade
75 % & above	Good wellbeing
50 % - 74 %	Moderate wellbeing
0 % - 49 %	Poor wellbeing

CONTENT VALIDITY OF THE TOOL:

The tool was validated by the experts in the field of Pediatric Nursing and Pediatric Medicine.

RELIABILITY

The reliability of the tool was checked using split-half method and the reliability score was 0.82 for sleep questions and 0.80 for wellbeing questions.

PROTECTION OF HUMAN RIGHTS AND ETHICAL CONSIDERATION

The study was approved by the ethical committee constituted by the college. Permission was obtained from the Principals of concerned schools to conduct the study. Informed consent was obtained from the samples and their parents to participate in the study.

PILOT STUDY

After obtaining approval from the research committee in the college, the permission was obtained from the principal of CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount), Chennai, Santhome Higher Secondary School (Mylapore), Chennai, to conduct the pilot study from 18th March 2015 to 23rd March 2015. After a brief introduction, their inclusion to participate in the study was assessed and informed consent was obtained. A total of 20 adolescent boys and girls, both hostellers and day scholars in the age group of 13 to 16 years were selected using convenient sampling technique.

The details of adolescent day scholars and hostellers from two settings were as given below:

Age	Santhome Higher Secondary School		CSI St. Thomas Matriculation Higher Secondary School		Total
	Day scholar boys	Day scholar girls	Hosteller boys	Hosteller girls	
13	2	2	2	2	6
14	1	1	1	1	4
15	1	1	1	1	4
16	1	1	1	1	4
Total	5	5	5	5	20

Structured questionnaire and rating scale was used to collect demographic data and data on personal habits, assessment of sleep pattern and general wellbeing. It took approximately 20 minutes to collect data from each sample. The data was collected and analysed using descriptive and inferential statistics.

PILOT STUDY RECOMMENDATIONS

The tool was feasible and main study was carried out without any modification after pilot study.

DATA COLLECTION PROCEDURE

The permission was obtained from the Principals of the selected schools to conduct the main study. The data was collected from 5.06.2015 to 27.06.2015 in CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount) Chennai, Santhome Higher Secondary School (Mylapore), Chennai. A total of 200 samples, 100 adolescent day scholars and 100 adolescent hostellers were selected using convenient sampling technique.

After a brief introduction, samples who fulfilled the inclusion criteria were selected. The informed consent was obtained from the parents and children for their willingness to participate in the study.

After verification of informed consent form, the data was collected. Structured questionnaire and rating scale was used to collect demographic data and data on personal habits, sleep pattern and general wellbeing. Instructions regarding answering the questions were clearly explained to the participants. It took approximately 20 minutes to collect data from each sample. The students were very cooperative.

PLAN FOR DATA ANALYSIS

Both descriptive and inferential statistics were used to analyse the data obtained from the samples.

DESCRIPTIVE STATISTICS

1. Frequency and percentage distribution was used to describe demographic data.
2. Frequency and percentage distribution was used to assess the sleep of adolescent day scholars and hostellers.
3. Mean and standard deviation was used to compare the sleep of adolescent day scholars and hostellers.
4. Frequency and percentage distribution was used to assess the wellbeing of adolescent day scholars and hostellers.
5. Mean and standard deviation was used to compare the wellbeing of adolescent day scholars and hostellers.

INFERENTIAL STATISTICS

1. Chi- square was used to find association between sleep and demographic variables, general wellbeing and demographic variables, among adolescent day scholars and hostellers.

2. Coefficient of correlation was used to correlate the sleep and general wellbeing among adolescent day scholars and hostellers.

3. The 't' test was used to find the difference in the sleep among adolescent day scholars and hostellers.

4. The "t'' test was used to find the difference in the general wellbeing among adolescent day scholars and hostellers.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Data analysis and interpretation is the core step in research process. The importance of analysis and interpretation of the collected data is to systematically organize, classify and summarize it, so that the results can be interpreted and comprehended to give all the answers that triggered the research.

In this chapter, a detailed analysis of the collected data has been done as per the objectives stated earlier. The data obtained were classified and presented under the following sections:

SECTION- A:

1. Frequency and percentage distribution of the demographic variables of adolescent day scholars and hostellers.

SECTION- B: Assessment of sleep among adolescents day scholars and hostellers.

2.1 Frequency and percentage distribution of sleep of adolescent day scholars and hostellers.

2.2 Mean and Standard deviation of sleep of adolescent day scholars and hostellers.

SECTION- C: Assessment of general wellbeing among adolescents day scholars and hostellers.

3.1 Frequency and percentage distribution of general wellbeing of adolescent day scholars and hostellers.

3.2 Mean and Standard deviation of general wellbeing of adolescent day scholars and hostellers.

SECTION- D:

Comparison of overall sleep and general wellbeing of adolescent day scholars and hostellers.

SECTION- E:

Correlation between sleep and general wellbeing of adolescent day scholars and hostellers.

SECTION- F:

Association between sleep and demographic variables of day scholars and hostellers.

SECTION- G:

Association between general wellbeing and demographic variables of day scholars and hostellers.

SECTION- A

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ADOLESCENT DAY SCHOLARS AND HOSTELLERS.

Table: 1.1 Frequency and percentage distribution of demographic variables of Adolescent day scholars and hostellers based on age, gender, religion, monthly income of the family.

Day scholars - 100 Hostellers - 100 N = 200

S. No	Demographic variables	Day scholars		Hostellers		Total	
		F	%	F	%	F	%
1	Age						
	a) 13years	24	24.0	24	24.0	48	24.0
	b)14years	26	26.0	26	26.0	52	26.0
	c)15years	24	24.0	24	24.0	48	24.0
	d)16years	26	26.0	26	26.0	52	26.0
2	Gender						
	a) Male	50	50.0	50	50.0	100	50.0
	b) Female	50	50.0	50	50.0	100	50.0
3	Religion						
	a) Hindu	57	57.0	34	34.0	91	45.5
	b) Christian	35	35.0	63	63.0	98	49.0
	c) Muslim	08	08.0	03	03.0	11	05.5
	d) Others	00	00	00	00	00	00
4	Monthly Income of the family						
	a) Less than Rs.10,000/-	24	24.0	17	17.0	41	20.5
	b) Rs. 10,000 to19,999/-	54	54.0	51	51.0	105	52.5
	c) Rs. 20,000/- and above	22	22.0	32	32.0	54	27.0

Table 1.1 shows that 26 % of the adolescent day scholars and hostellers were in the age group of 15 and 16 years. Regarding gender, 50% of them were male and female in both group. Majority (57%) of the day scholars were Hindus whereas 63% of the hostellers were Christians. Majority (54%) of the day scholars and 51% of the hostellers family monthly income was Rs. 10,000 to 19,999/-.

Table: 1.2 Frequency and percentage distribution of demographic variables of adolescent day scholars and hostellers based on education and occupation of the mother and father.

Day scholars - 100 Hostellers – 100 N = 200

S. No	Demographic variables	Day scholars		Hostellers		Total	
		F	%	F	%	F	%
5	Education of the Mother						
	a) Non literate	09	09.0	02	02.0	11	5.5
	b) Primary Education	21	21.0	17	17.0	38	19
	c) High School Education	30	30.0	22	22.0	52	26
	d) Higher Secondary Education	28	28.0	52	52.0	80	40
	e) Graduate Education	12	12.0	07	07.0	19	9.5
6	Occupation of the Mother						
	a) Home maker	51	51.0	36	36.0	87	43.5
	b) Daily wages	00	00	00	00	00	00
	c) Self employed/Business	11	11.0	09	09	20	10
	d) Private	37	37.0	55	55	92	46
	e) Government employee	01	01.0	00	00	01	0.5
7	Education of the Father						
	a) Non literate	02	02.0	00	00	02	01
	b) Primary Education	19	19.0	29	29.0	48	24
	c) High School Education	37	37.0	17	17.0	54	27
	d) Higher Secondary Education	28	28.0	36	36.0	64	32
	e) Graduate Education	14	14.0	18	18.0	32	16
8	Occupation of the father						
	a) Daily wages	00	00	02	02	02	01
	b) Self employed / Business	22	22	31	31	53	26.5
	c) Private	71	71	64	64	135	67.5
	d) Government	07	07	03	03	10	05

Table 1.2 shows that, regarding education of the mothers, 30 % of day scholars mothers completed High School Education and 52 % of hostellers mothers were completed Higher Secondary Education. Regarding occupation, 51 % of day scholars mothers were home maker and 55 % hostellers mothers were doing private job. Regarding education of the father 37 % of day scholars father completed High School Education and 36 % hostellers father completed Higher Secondary Education. 71 % of the day scholars and 64 % of hostellers father were private employees.

Table:1.3 Frequency and percentage distribution of demographic variables of adolescent day scholars and hostellers based on type of family and number of siblings, day scholar or hosteller and any specific habits.

Day scholars - 100 Hostellers - 100 N = 200

S. No	Demographic variables	Day scholars		Hostellers		Total	
		F	%	F	%	F	%
9	Type of family						
	a) Joint family	20	20.0	17	17.0	37	18.5
	b)Nuclear family	69	69.0	78	78.0	147	73.5
	c) Extended family	11	11.0	05	05.0	16	08
10	Number of sibling in the family						
	a) One	17	17.0	12	12.0	29	14.5
	b) Two	52	52.0	68	68.0	120	60
	c) 3 and above	31	31.0	20	20.0	51	25.5
11	Are you a day scholar ?						
	a) Yes	100	100.0	00	00	1001	50
	b) No	00	00	100	100.0	00	50
	If No, How long are you staying in hostel?						
	a) Less than 1 year	-	-	33	33	33	33
	b)1-5 years	-	-	52	52	52	26
	c) More than 5 years	-	-	15	15	15	15
12	Do you follow any specific habits to promote sleep?						
	a)Drink milk	13	13.0	09	09.0	22	11
	b)Take bath at night	27	27.0	36	36.0	63	31.5
	c)Reading books	17	17.0	38	38.0	55	27.5
	d)Listening to music	43	43.0	17	17.0	60	30
	e)Others	00	0 0	00	00	00	00

Table 1.3 shows that regarding type of family, 69% of day scholars belonged to nuclear family, among hostellers 78 % of them belonged to nuclear family. Regarding number of sibling, 52% of day scholars had 2 siblings, whereas 68 % of hostellers had 2 siblings. Regarding specific habits to promote sleep, 43% of day scholars had the habit of listening to music and 38% of hostellers had the habit of reading books.

SECTION- B

ASSESSMENT OF SLEEP AMONG ADOLESCENTS DAY SCHOLARS AND HOSTELLERS.

Table: 2.1 Frequency and percentage distribution of sleep of adolescent, day scholars and hostellers.

Day scholars - 100 Hostellers - 100 N = 200

S.No	Grade	Day scholars				Hostellers			
		Male		Female		Male		Female	
		F	%	F	%	F	%	F	%
1	Good	06	12.0	31	62.0	36	72.0	20	40.0
2	Moderate	41	82.0	16	32.0	14	28.0	28	56.0
3	Poor	03	06.0	03	06.0	00	00.0	02	04.0

Table 2.1 shows the sleep among adolescent day scholars and hostellers. Among adolescent day scholars, 12% of the male and 31% of the female had good sleep. Among adolescent hostellers, 36% of the male and 20% of the female had good sleep.

Table: 2.2 Mean and standard deviation of sleep of adolescent, day scholars and hostellers.

N = 200

Sleep							
Day scholars				Hostellers			
Male		Female		Male		Female	
Mean	SD	Mean	SD	Mean	SD	Mean	SD
8.34	1.64	9.9	1.89	10.46	1.53	9.14	2.07

Table: 2.2 shows that, adolescent day scholars male had a mean sleep score of 8.34 with the SD of 1.64 and female had mean score of 9.9 with the SD of 1.89. Regarding hostellers male had a mean sleep score of 10.46 with the SD of 1.53 and female had mean sleep score of 9.14 with the SD of 2.07.

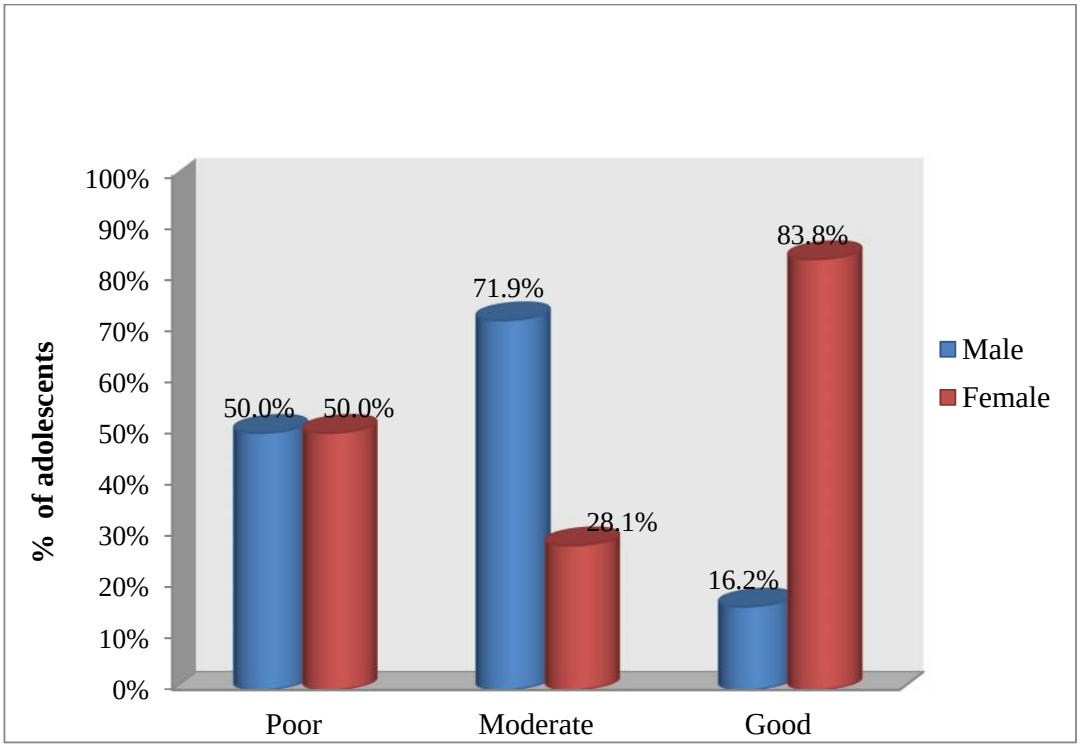


Figure : 1 Percentage distribution of sleep of adolescent day scholars based on gender.

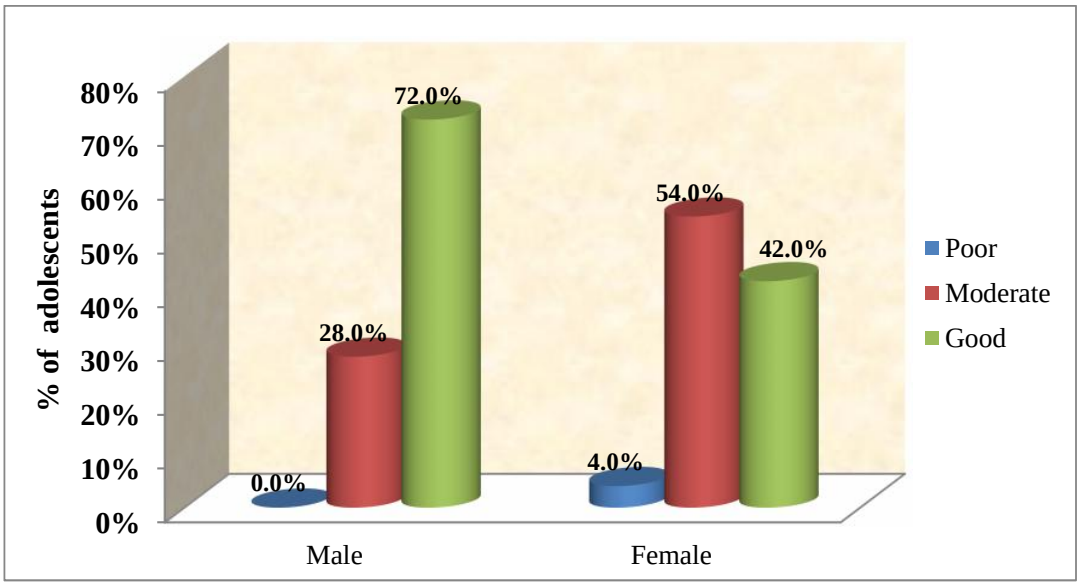


Figure : 2 Percentage distribution of sleep of adolescent hostellers based on gender.

SECTION- C

ASSESSMENT OF GENERAL WELLBEING AMONG ADOLESCENTS DAY SCHOLARS AND HOSTELLERS.

Table 3.1: Frequency and percentage distribution of general wellbeing of adolescent day scholars and hostellers.

Day scholars - 100 Hostellers - 100 N = 200

S.No	Grade	Day scholars				Hostellers			
		Male		Female		Male		Female	
		F	%	F	%	F	%	F	%
1	Good	04	08.0	15	30.0	08	16.0	26	52.0
2	Moderate	38	76.0	35	70.0	40	80.0	23	46.0
3	Poor	08	16.0	00	00	02	04.0	01	02.0

Table 3.1 shows the general wellbeing among adolescent day scholars and hostellers. Among adolescent day scholars, 8% of the male and 30% of the female had good general wellbeing. Among adolescent hostellers, 16% of the male and 52% of the female had good general wellbeing.

Table 3.2: Mean and standard deviation of general wellbeing of adolescent day scholars and hostellers.

N = 200

General wellbeing							
Day scholars				Hostellers			
Male		Female		Male		Female	
Mean	SD	Mean	SD	Mean	SD	Mean	SD
16.46	4.62	18.8	3.73	18.3	3.50	20.44	3.65

Table 3.2 shows that, day scholars male had a mean general wellbeing score of 16.46 with the SD of 4.62 and females had mean general wellbeing score of 18.8 with the SD of 3.73. Regarding hostellers male had a mean general wellbeing score of 18.3 with the SD of 3.50 and females had general wellbeing mean score of 20.44 with the SD of 3.65.

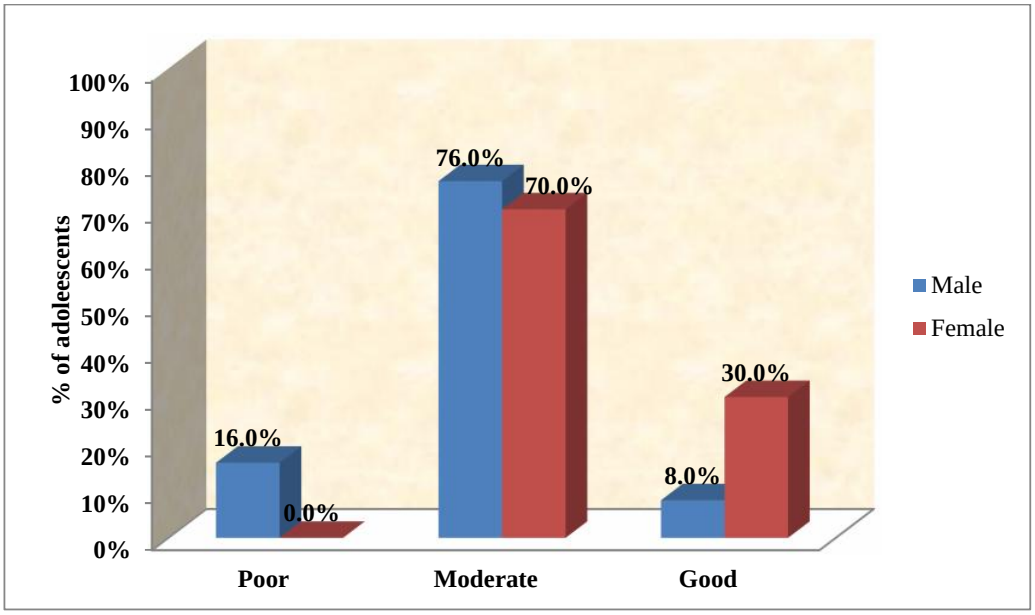


Figure : 3 Percentage distribution of general wellbeing of adolescent day scholars.

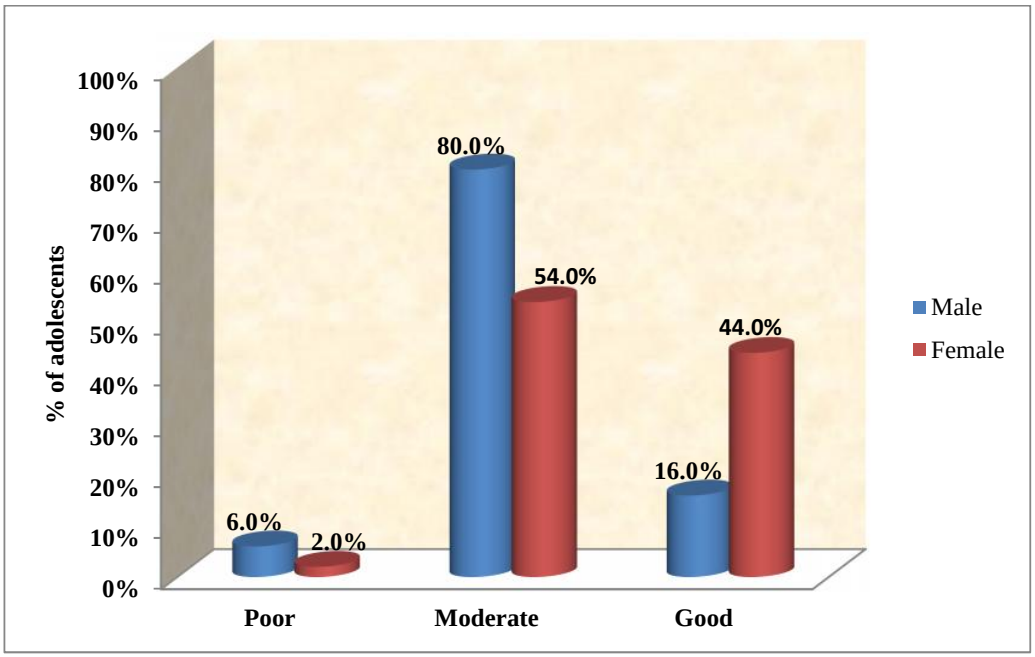


Figure : 4 Percentage distribution of general wellbeing of adolescent hostellers

SECTION- D

COMPARISON OF OVERALL SLEEP AND GENERAL WELLBEING AMONG ADOLESCENT DAY SCHOLARS AND HOSTELLERS.

Table 4.1: Frequency and percentage distribution of sleep and general wellbeing of adolescent day scholars and hostellers.

Day scholars - 100 Hostellers - 100 N = 200

Grade	Sleep				General wellbeing			
	Day scholars		Hostellers		Day scholars		Hostellers	
	F	%	F	%	F	%	F	%
Good	37	37.0	56	56.0	19	19.0	34	34.0
Moderate	57	57.0	42	42.0	73	73.0	63	63.0
Poor	06	06.0	02	02.0	08	08.0	03	03.0

Table 4.1: shows that, regarding sleep, 56% of the hostellers had good sleep whereas only 37% of day scholars had good sleep. Regarding general well-being, 34% of the hostellers had good general well-being whereas only 19 % of day scholars had good general well-being.

Table 4.2: Comparison of Mean and standard deviation of sleep and general wellbeing of adolescent day scholars and hostellers.

N = 200

Variables	Day scholars		Hostellers		Student independent t-test	P value
	Mean	SD	Mean	SD		
Sleep	9.54	2.06	10.99	1.85	5.48	0.001***
General wellbeing	37.76	8.77	42.46	8.62	3.82	0.001***

(*** 0. 001 level of significance)

Table 4.2: shows that day scholars had a mean sleep score of 9.54 with the SD of 2.06 whereas, the hostellers had a mean sleep score of 10.99 with the SD of 1.85. Regarding general wellbeing day scholars had a mean score of 37.76 with the SD of 8.77 whereas, hostellers had a mean score of 42.46 with the SD of 8.62. There is a significant difference in sleep of adolescent day scholars and hostellers at 1% level of significance. There is a significant difference in general wellbeing of adolescent day scholars and hostellers at 1% level of significance.

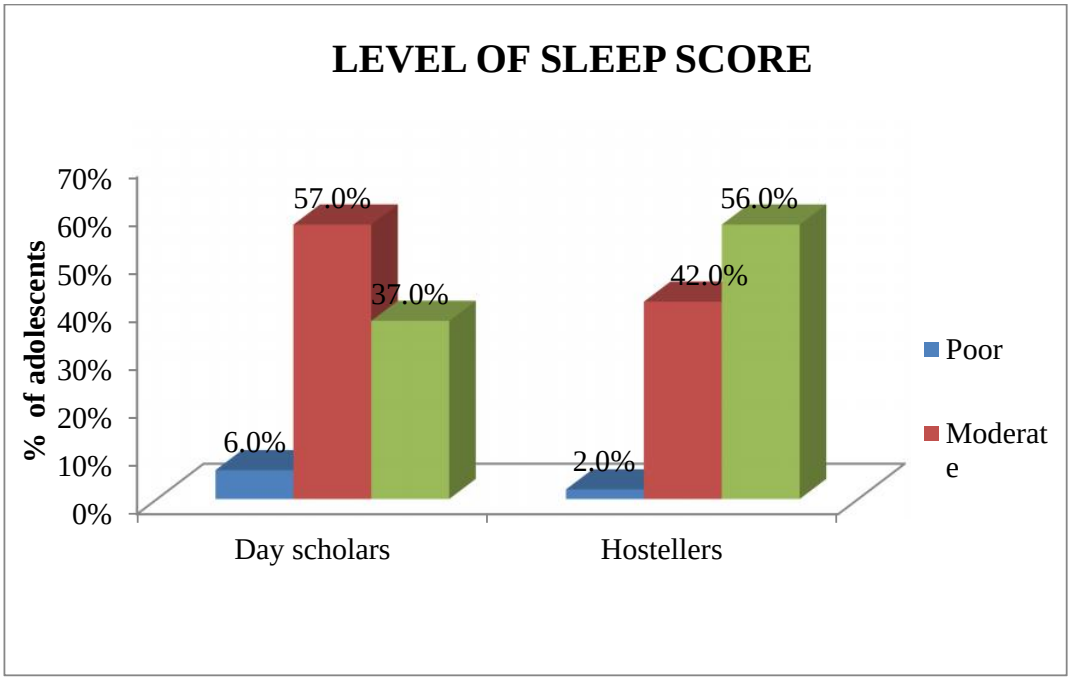


Figure : 5 Percentage distribution of level of sleep of adolescent day scholars and hostellers.

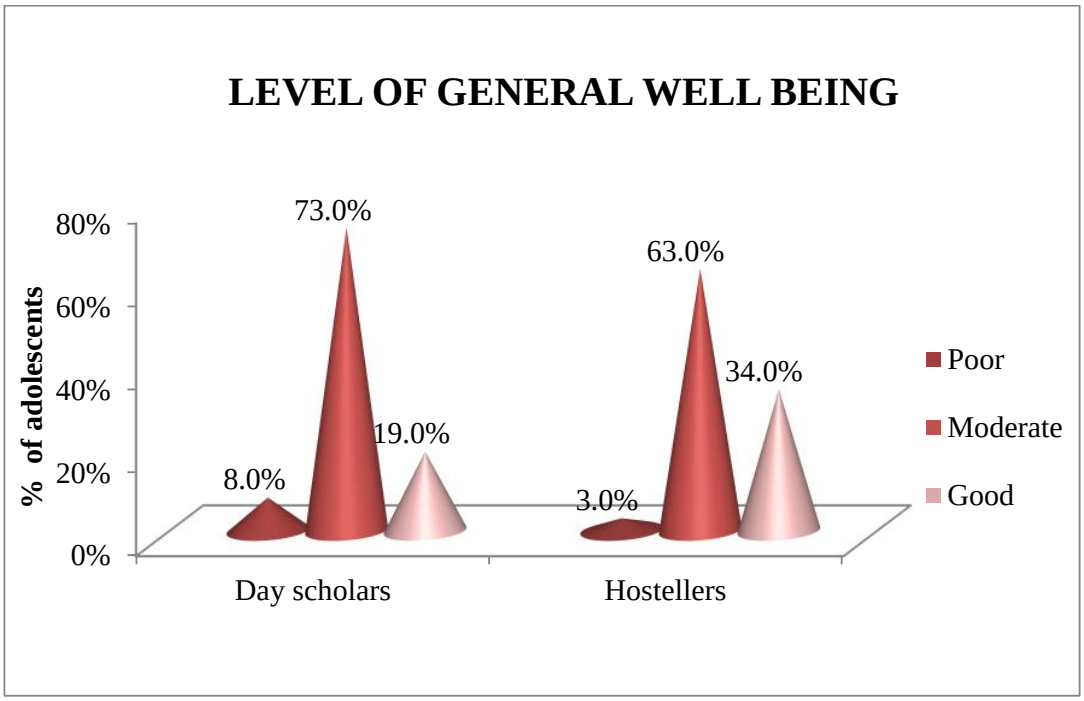


Figure : 6 Percentage distribution of level of general wellbeing of adolescent day scholars and hostellers.

SECTION- E

CORRELATION OF SLEEP AND GENERAL WELLBEING OF ADOLESCENT DAY SCHOLARS AND HOSTELLERS

Table 5.1 : Correlation between sleep and general wellbeing of adolescent day scholars and hostellers.

N = 200

Variables	KARL PEARSON CORRELATION COEFFICIENT r - Value	P Value
Sleep and general wellbeing of day scholars	r = 0.37	P=0.01**
Sleep and general wellbeing of hostellers	r = 0.45	P=0.01**

Table : 5.1 shows that there is a positive correlation between sleep and general wellbeing of adolescent day scholars and hostellers at 0.01 level of significance.

SECTION- F

ASSOCIATION OF SLEEP WITH DEMOGRAPHIC VARIBLES OF ADOLESCENTS DAY SCHOLARS.

Table: 6.1 Association of sleep with demographic variables of adolescent day scholars based on age, gender, religion, monthly income of the family.

Day scholars - 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square $\chi 2$
		Poor	Moderate	Good	
1	Age				
	a) 13 years	3	14	07	7.15
	b) 14 years	3	14	09	p =0.31
	c) 15 years	0	13	11	NS
	d) 16 years	0	16	10	
2	Gender				
	a) Male	3	41	06	**27.85**
	b) Female	3	16	31	**P=0.00** S**
3	Religion				
	a) Hindu	3	30	24	5.03
	b) Christian	1	22	12	p=0.28
	c) Muslim	2	05	01	NS
	d) Others	0	00	00	
4	Monthly income of the family				
	a) Less than Rs. 10,000/-	0	11	13	6.60
	b) Rs. 10,000 to 19,999/-	5	34	15	p=0.15
	c) Rs. 20,000 and above	1	12	09	NS

NS – Not significant S – Significant (** Denote significant at 1% level)

Table 6.1 shows that, there is a significant association between sleep and gender of adolescent of day scholars. There is no significant association between sleep and demographic variables such as age, religion, and monthly income of the family.

Table: 6.2 Association of sleep with demographic variables of adolescent day scholars based on education and occupation of the mother and father.

Day scholars – 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square $\chi 2$
		Poor	Moderate	Good	
5	Education of the mother				
	a) Non literate	0	05	04	6.55 p=0.53 NS
	b) Primary Education	2	14	05	
	c) High School Education	3	15	12	
	d) Higher Secondary Education	0	15	13	
	e) Graduate Education	1	08	03	
6	Occupation of the mother				
	a) Home maker	4	31	16	9.27 p=0.15 NS
	b) Daily wages	0	00	00	
	c) Self employed/Business	0	04	07	
	d) Private	2	21	14	
	e) Government employee	0	01	00	
7	Education of the father				
	a) Non literate	1	01	00	8.95 p=0.35 NS
	b) Primary Education	1	11	07	
	c) High School Education	1	23	13	
	d) Higher Secondary Education	3	16	09	
	e) Graduate Education	0	06	08	
8	Occupation of the father				
	a) Daily wages	0	00	00	2.31 p=0.89 NS
	b) Self employed / Business	1	18	03	
	c) Private	5	36	30	
	d) Government	0	03	04	

NS – Not significant

Table 6.2: shows that, there is no significant association between sleep and demographic variables of adolescent day scholars such as education and occupation of the mother and father.

Table: 6.3 Association of sleep with demographic variables of adolescent day scholars based on type of family and number of siblings, any specific habits.

Day scholar – 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square χ^2
		Poor	Moderate	Good	
9	Type of family a) Joint family b) Nuclear family c) Extended family	 0 6 0	 11 39 07	 9 24 04	3.23 p=0.51 NS
10	Number of siblings in the family a) One b) Two c) Three and above	 0 2 4	 06 27 24	 11 23 03	**11.36** **p=0.02*** **S**
11	Are you a day scholar ? a) Yes b) No	 6 -	 57 -	 37 -	0.00 p=1.00 NS
12	Do you follow any specific habits to promote sleep? a) Drink milk b) Take bath at night c) Reading books d) Listening to music e) Others	 0 2 1 3 0	 09 16 11 21 00	 04 09 05 19 00	**7.74** **p=0.02*** **S**

NS – Not significant S - Significant (** Denote significant at 5% level)

Table 6.3: shows that, there is a significant association between sleep and demographic variables of adolescent day scholars such as number of siblings in the family and specific habits to promote sleep. There is no significant association between sleep and type of family.

Table: 6.4 Association of sleep with demographic variables of adolescent hostellers based on age, gender, religion, monthly income of the family.

Hostellers - 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square χ^2
		Poor	Moderate	Good	
1	Age				
	a) 13 years	0	08	16	**15.09**
	b) 14 years	2	05	19	**p=0.02**
	c) 15 years	0	13	11	**S**
	d) 16 years	0	16	10	
2	Gender				
	a) Male	0	14	36	**10.06**
	b) Female	2	28	20	**p=0.01****
					S
3	Religion				
	a) Hindu	0	14	20	2.17
	b) Christian	2	26	35	p=0.70
	c) Muslim	0	02	01	NS
	d) Others	0	00	00	
4	Monthly income of the family				
	a) Less than Rs. 10,000/-	0	06	11	3.68
	b) Rs. 10,000 to 19,999/-	1	19	31	p=0.45
	c) Rs. 20,000 and above	1	17	14	NS

NS – Not significant S - Significant (** Denote significant at 1% level)

Table 6.4: shows that, there is a significant association between sleep and demographic variables of adolescent hostellers such as age and gender. There is no significant association between sleep and demographic variables such as religion and monthly income of the family.

Table: 6.5 Association of sleep with demographic variables of adolescent hostellers based on education and occupation of the mother and father.

Hostellers – 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square $\chi 2$
		Poor	Moderate	Good	
5	Education of the mother				
	a) Non literate	0	01	01	5.87
	b) Primary education	1	12	04	p=0.66
	c) High school education	1	08	13	NS
	d) Higher Secondary education	0	19	33	
	e) Graduate education	0	02	05	
6	Occupation of the mother				
	a) Home maker	2	20	14	4.48
	b) Daily wages	0	00	00	p=0.61
	c) Self employed/Business	0	03	06	NS
	d) Private	0	19	36	
	e) Government employee	0	00	00	
7	Education of the father				
	a) Non literate	0	00	00	7.91
	b) Primary education	0	12	17	p=0.44
	c) High school education	0	04	13	NS
	d) Higher secondary education	2	19	15	
	e) Graduate education	0	07	11	
8	Occupation of the father				
	a) Daily wages	0	02	00	1.49
	b) Self employed / Business	0	12	19	p=0.96
	c) Private	2	27	35	NS
	d) Government	0	01	02	

NS – Not significant S - Significant

Table 6.5: shows that, there is no significant association between sleep and demographic variables of adolescent day scholars such as education and occupation of the mother and father.

Table: 6.6 Association of sleep with demographic variables of adolescent hostellers based on type of family, number of siblings and any specific habits.

Hostellers - 100 N = 100

S. No	Demographic variables	Level of sleep			Chi Square $\chi 2$
		Poor	Moderate	Good	
9	Type of family				
	a) Joint family	2	11	04	2.79
	b) Nuclear family	0	26	52	p=0.59
	c) Extended family	0	05	00	NS
10	Number of siblings in the family				
	a) One	1	03	08	**10.10**
	b) Two	1	25	42	**p=0.03***
	c) Three and above	0	14	06	**S**
11	Are you a day scholar ?				
	a) Yes	-	-	-	3.23
	b) No	2	42	56	p=0.51
					NS
	If No, How long are you staying in hostel?				
	a) Less than 1 year	1	12	20	0.91
	b)1-5 years	1	23	28	p=0.92
	c) More than 5 years	0	07	08	NS
12	Do you follow any specific habits to promote sleep?				
	a) Drink milk	0	02	07	4.73
	b) Take bath at night	1	23	12	p=0.57
	c) Reading books	0	13	25	NS
	d) Listening to music	1	04	12	
	e) Others	0	00	00	

NS – Not significant S - Significant (** Denote significant at 5% level)

Table 6.6: shows that, there is a significant association between sleep and number of siblings of adolescent hostellers. There is no significant association between sleep and demographic variables such as type of family and specific habits to promote sleep.

SECTION- G

ASSOCIATION OF GENERAL WELLBEING WITH DEMOGRAPHIC VARIBLES OF ADOLESCENTS DAY SCHOLARS.

Table: 7.1 Association of general wellbeing with demographic variables of adolescent day scholars based on age, gender, religion, monthly income of the family.

Day scholars - 100 N = 100

S. No	Demographic variables	Level of wellbeing			Chi Square χ^2
		Poor	Moderate	Good	
1	Age				
	a) 13 years	8	15	1	**36.41**
	b) 14 years	0	24	2	**p=0.001*** **
	c) 15 years	0	17	7	S
	d) 16 years	0	17	9	
2	Gender				
	a) Male	8	38	04	**14.49**
	b) Female	0	35	15	**p=0.001*** **
					S
3	Religion				
	a) Hindu	6	44	7	5.30
	b) Christian	2	24	9	p=0.25
	c) Muslim	0	05	3	NS
	d) Others	0	00	0	
4	Monthly income of the family				
		1	17	06	**12.82**
	a) Less than Rs. 10,000/-	6	44	04	**p=0.01** **
	b) Rs. 10,000 to 19,999/-	1	12	09	**S**
	c) Rs. 20,000 and above				

NS – Not significant S – Significant (******* Denote significant at 1% level)

Table 7.1: shows that, there is a significant association between general well-being and demographic variables of adolescent day scholars such as age, gender and monthly income of the family. There is no significant association between general well-being and the religion.

Table: 7.2 Association of sleep with demographic variables of adolescent day scholars based on education and occupation of the mother and father.

Day scholars – 100 N = 100

S. No	Demographic variables	Level of wellbeing			Chi Square $\chi 2$
		Poor	Moderate	Good	
5	Education of the mother				
	a) Non literate	1	08	0	8.81 p=0.33 NS
	b) Primary education	2	16	3	
	c) High school education	4	18	8	
	d) Higher Secondary education	1	23	4	
	e) Graduate education	0	08	4	
6	Occupation of the mother				
	a) Home maker	7	42	02	**23.76 p=0.001*** S**
	b) Daily wages	0	00	00	
	c) Self employed/Business	1	04	06	
	d) Private	0	26	11	
	e) Government employee	0	01	00	
7	Education of the father				
	a) Non literate	1	01	0	9.20 p=0.32 NS
	b) Primary education	1	15	3	
	c) High school education	4	27	6	
	d) Higher secondary education	1	22	5	
	e) Graduate education	1	08	5	
8	Occupation of the father				
	a) Daily wages	0	00	0	10. 63 p=0.01 NS
	b) Self employed / Business	1	15	6	
	c) Private	6	56	9	
	d) Government	1	02	4	

NS – Not significant S – Significant (******* Denote significant at 1% level)

Table 7.2: shows that, there is a significant association between general well-being and occupation of the mother of adolescent day scholars. There is no significant association between general well-being and demographic variables of adolescent day scholars such as education of the mother and father and occupation of the father.

Table: 7.3 Association of wellbeing with demographic variables of adolescent day scholars based on type of family and number of siblings, any specific habits.

Day scholars -100 N =100

S. No	Demographic variables	Level of wellbeing			Chi Square $\chi 2$
		Poor	Moderate	Good	
9	Type of family				
	a) Joint family	1	11	8	**12.18**
	b) Nuclear family	7	55	7	**p=0.02***
	c) Extended family	0	07	4	**S**
10	Number of siblings in the family				
	a) One	1	10	6	8.85
	b) Two	2	39	11	p=0.07
	c) Three and above	5	24	02	NS
11	Are you a day scholar ?				
	a) Yes	8	73	19	0.00
	b) No	-	-	-	p=1.00
					NS
12	Do you follow any specific habits to promote sleep?				
	a) Drink milk	2	10	01	
	b) Take bath at night	1	24	02	9.90
	c) Reading books	0	12	05	p=0.13
	d) Listening to music	5	27	11	NS
	e) Others	0	00	00	

NS – Not significant S – Significant (***** Denote significant at 5% level)

Table 7.3 shows that, there is a significant association between general well-being and type of family of adolescent day scholars. There is no significant association between general well-being and demographic variables such as number of siblings in the family and specific habits to promote sleep.

Table: 7.4 Association of wellbeing with demographic variables of adolescent hostellers based on age, gender, religion, monthly income of the family.

Hostellers - 100 N = 100

S. No	Demographic variables	Level of wellbeing			Chi Square χ^2
		Poor	Moderate	Good	
1	Age				
	a) 13 years	2	21	01	**19.59 p=0.001*** S**
	b) 14 years	1	18	07	
	c) 15 years	0	11	13	
	d) 16 years	0	13	13	
2	Gender				
	a) Male	2	40	08	**14.45 p=0.001*** S**
	b) Female	1	23	26	
3	Religion				
	a) Hindu	2	23	09	7.88 p=0.08 NS
	b) Christian	1	40	22	
	c) Muslim	0	00	03	
	d) Others	0	00	0	
4	Monthly income of the family				
	a) Less than Rs. 10,000/-	0	10	07	5.65 p=0.22 NS
	b) Rs. 10,000 to 19,999/-	3	35	13	
	c) Rs. 20,000 and above	0	18	14	

NS – Not significant S – Significant (******* Denote significant at 1% level)

Table 7.4 shows that, there is a significant association between general well-being and demographic variables of adolescent hostellers such as age and gender. There is no significant association between general well-being and demographic variables of adolescent hostellers such as religion and monthly income of the family.

Table: 7.5 Association of wellbeing with demographic variables of adolescent hostellers based on education and occupation of the mother and father.

Hostellers - 100 N = 100

S. No	Demographic variables	Level of wellbeing			Chi Square
		Poor	Moderate	Good	$\chi 2$
5	Education of the mother				
	a) Non literate	0	00	02	
	b) Primary Education	0	11	06	8.81
	c) High School Education	1	12	09	p=0.35
	d) Higher Secondary Education	2	37	13	NS
	e) Graduate Education	0	03	04	
6	Occupation of the mother				
	a) Home maker	2	20	14	
	b) Daily wages	0	0	0	12.52
	c) Self employed/Business	1	2	6	p=0.01
	d) Private	0	41	14	NS
	e) Government employee	0	0	0	
7	Education of the father				
	a) Non literate	0	0	0	
	b) Primary Education	2	16	11	4.61
	c) High School Education	0	10	07	p=0.59
	d) Higher Secondary Education	1	23	12	NS
	e) Graduate Education	0	14	04	
8	Occupation of the father				
	a) Daily wages	0	01	01	
	b) Self employed / Business	2	19	10	2.08
	c) Private	1	41	22	p=0.91
	d) Government	0	02	01	NS

NS – Not significant

Table 7.5: shows that, there is no significant association between general well-being and demographic variables of adolescent hostellers such as education and occupation of the mother and father.

Table: 7.6 Association of wellbeing with demographic variables of adolescent hostellers based on type of family, number of siblings and any specific habits.

Hostellers - 100 N = 100

S. No	Demographic variables	Level of wellbeing			Chi Square $\chi 2$
		Poor	Moderate	Good	
9	Type of family				
	a) Joint family	2	14	01	19.41
	b) Nuclear family	0	48	30	p=0.001
	c) Extended family	1	01	03	NS
10	Number of siblings in the family				
	a) One	1	04	07	11.43
	b) Two	2	41	25	p=0.02
	c) Three and above	0	18	02	NS
11	Are you a day scholar ?				
	a) Yes	-	-	-	0.00
	b) No	3	63	34	p=1.00
	If No, How long are you staying in hostel?				
	a) Less than 1 year	2	22	09	12.37
	b)1-5 years	1	32	19	p=0.02
	c) More than 5 years	0	09	06	NS
12	Do you follow any specific habits to promote sleep?				
	a) Drink milk	0	04	05	
	b) Take bath at night	2	20	14	5.37
	c) Reading books	1	26	11	p=0.49
	d) Listening to music	0	13	04	NS
	e) Others	0	00	00	

NS – Not significant

Table 7.6 shows that, there is no significant association between general well-being and demographic variables of adolescent hostellers such as type of family, number of siblings, any specific habits to promote sleep.

CHAPTER V

DISCUSSION

This study aimed to assess the correlation between sleep and general wellbeing among adolescent day scholars and hostellers in selected settings in Chennai. The review of literature provided the base and in-depth knowledge about the sleep and general wellbeing of adolescent day scholars and hostellers. The discussion is based on the objectives specified in the study.

Description of sample characteristics

A descriptive research design was used to assess the correlation between sleep and general wellbeing among adolescent day scholars and hostellers in selected settings in Chennai. The age of adolescent day scholars and hostellers were 13 to 16 years. A total of 200 samples, 100 adolescents day scholars and 100 adolescents hostellers were selected using convenient sampling technique.

- Fifty percentage of the adolescents were male and female in both group.
- Fifty seven percentage of day scholars were Hindus whereas 63 % of hostellers were Christians.
- Fifty four percentage of day scholars and 51 % of hosteller's monthly income of the family was Rs. 10, 000 to 19, 999/-.
- Thirty percentage of day scholars mothers completed high school education and 52 % of hostellers mothers completed higher secondary education.
- Fifty one percentage of day scholars mothers were home maker and 55 % of hostellers mothers were doing private job.
- Thirty seven percentage of day scholars father completed high school education and 36 % of hostellers father completed higher secondary education.

- Seventy one percentage of day scholars and 64 % of hostellers fathers were private employee.
- Sixty nine percentage of day scholars and 74 % of hostellers were belonged to nuclear family.
- Fifty two percentage of day scholars and 68 % of hostellers had 2 siblings.
- Forty four percentage of day scholars had the habit of listening to music and 36 % of hostellers had the habit of reading books.

Regarding time spent by the adolescent day scholars and hostellers for various activities

As per table 1.4, 44% of day scholars and 52 % of hostellers spent 1-2 hour for indoor activities. 48 % of day scholars spent more than 2 hours for outdoor activities whereas only 8 % of hostellers spent more than 2 hours for outdoor activities. Regarding television viewing, 36% of day scholars and 23 % of hostellers spent 1-2 hours for viewing television. 49% of day scholars had spent more than 2 hours in playing computer games, whereas none of the hostellers used computer. 21 % of day scholars played videogames for more than 2 hours whereas none of the 1hostellers played videogames. 59% of day scholars and 73% of hostellers spent more than 2 hours for studies. 51 % of day scholar were going for 1-2 hours of tuition whereas none of the hostellers were going for tuition. 41% of day scholars used mobile phone for 1-2 hours whereas none of the hostellers used mobile phone. 57% of day scholars and 86% of hostellers spent 1-2 hours for cleaning activity.

The findings of the study as per objectives are

1) To assess sleep among adolescents in selected settings.

Table 4.1 shows that 37% of the adolescent day scholars and 56% of the adolescent hostellers had good sleep. Majority (57%) of the day scholars and 42% of the hostellers had moderate sleep. It is observed from this study, majority (64%) of the adolescent hostellers and 60% of the adolescent day scholars had 8-9 hours of sleep at night. 25% of adolescent hostellers and 20% of adolescent day scholars reported that they felt sleepy during day time due to insufficient sleep at night.

This result is supported by Short, M. A. et al. (2013) who reported that only 20% of adolescents obtained optimal sleep (>9 h), remaining 41.6% obtained borderline sleep (8–9 h) and 37.6% obtained insufficient sleep (less than 8 h).

Table 1.4 shows that, 36% of adolescent day scholars and 23% of adolescent hostellers spent 1-2 hours for viewing television. 49% of the adolescent day scholars had spent more than 2 hours in computer and internet usage, 21% of them played video games for more than 2 hours and 41% of them used mobile phone for 1-2 hours, whereas none of the hostellers used mobile phone, video games, computer and internet usage. This may be the influencing factor for insufficient sleep among adolescent day scholars and hostellers.

Similar findings were reported by Carskadon, M. A. (2011). who reported that number of hours slept declined in adolescents and it is influenced by time spent for evening classes increased accessibility of technology like computer/Internet/electronic games use, and mobile phone use in the evening before bedtime ect. Important

constituents of good sleep among adolescents includes good home atmosphere, a health-promotive lifestyle and good self perception.

The study findings supported the assumption that factors influencing sleep will vary from adolescent to adolescent.

2) To assess the wellbeing among adolescents in selected settings.

Table 3.1: shows that, 19 % of the adolescent day scholars and 34 % of the adolescent hostellers had good general wellbeing. Majority (73%) of the day scholars and 63 % of the hostellers had moderate general wellbeing, whereas 8% of day scholars and 3 % of hostellers had poor general wellbeing.

Kalak, N. et al. (2014) reported that sleep duration is predictive of subjective psychological well-being.

3) To compare sleep and general wellbeing of adolescents

Table 2.1: shows that, regarding sleep, 56% of the hostellers had good sleep whereas only 37% of day scholars had good sleep. Adolescent day scholars had a mean sleep score of 9.54 with the SD of 2.06 whereas, the hostellers had a mean sleep score of 10.99 with the SD of 1.85.In this findings, 31% of female and 6% of male adolescent day scholars had good sleep, whereas 36% of male and 20% of female adolescent hostellers had good sleep. Adolescent female had good sleep score when compared to adolescent male. Hence the hypothesis stated in this study that there is a significant difference in sleep among male and female adolescents accepted at 1% level of significance.

Table 2.2 shows that, regarding general wellbeing 34% of the adolescent hosteller had good general wellbeing whereas only 19% of day scholars had good general wellbeing. Adolescent day scholars had a mean general wellbeing score of 37.76 with the

SD 8.77 whereas hostellers had a mean general wellbeing score of 42.46 with SD of 8.62. It is seen from this study, 15% of female adolescents had good general wellbeing whereas only 4% of male adolescent had good general wellbeing. Adolescent female had good general wellbeing when compared to adolescent male. There is a significant difference in sleep and general wellbeing of adolescent day scholars at 1 % level of significance. The study findings supported the assumption that sleep improve the wellbeing of adolescents.

Roeser, K. et al., (2012) reported that good sleepers had significantly higher health-related quality of life (HRQoL) than poor sleepers. Good and refreshing sleep is one of the constituents for general well-being among adolescents.

4) To correlate sleep and general wellbeing of adolescents.

As per table 5.1 shows that there is a positive correlation between sleep and general wellbeing of adolescent day scholars (r = 0.37) and hostellers (0.45) at 0.01 level of significance.

This result is in agreement with the research study conducted by Perkinson, N. G. et al. (2013), found that insufficient sleep duration less than an average of 8 hours showed more tiredness, inferior behavioural persistence, less positive attitude toward life, and lower school grades, as compared to longer sleep duration (8-10 hrs). Also supported by Yen, C.M. et al. (2006) found that adequate sleep is associated with good health status and high frequency adoption of health related behaviour.

With above results, the investigator's first hypothesis that, there is a positive correlation between sleep and general well-being of adolescents was accepted.

5) To associate sleep with demographic variable of adolescents.

Table 6.1 shows that, there was a statistically significant association between sleep and gender. In gender, female adolescent day scholars had good sleep when compared to male adolescents day scholars. There is no significant association between sleep and demographic variables such as age, religion, and monthly income of the family of adolescent day scholars.

The result is supported by Moore, M. et al. (2011) conducted a cross sectional study to investigate the relationship between adolescent sleep time and individual and health related characteristics. The study findings revealed that gender, minority status, and BMI were significantly associated with sleep duration (all $p<.05$), with girls, non-minority adolescents, and those of a lower BMI obtaining more sleep.

Table 6.2 shows that, there was no significant association between sleep and demographic variables of adolescent day scholars such as education and occupation of mother and father.

Table 6.3 shows that, there was a statistically significant association between sleep and demographic variables of adolescent day scholars such as number of siblings in the family and specific habits. Adolescents with two and above siblings and those who followed specific habits like listening to music had good sleep when compared to others. There is no significant association between sleep and type of family. Wolfson, A. R. et al. (2009) reported that listening to music (60-80 beats per minute) was associated with improved sleep duration and sleep efficiency among adolescents.

Table 6.4: shows that, there was a significant association between sleep and the demographic variables of adolescent hostellers such as age. Adolescents in age group of 14-15 years had good sleep and gender, male adolescents had good sleep. There is no

significant association between sleep and the demographic variables such as religion and monthly income of the family.

Table 6.5: shows that, there was no significant association between sleep and the demographic variables of adolescent day scholars such as education and occupation of the mother and father.

Table 6.6: shows that, there was a significant association between sleep and number of siblings in the family. Adolescents with two and above siblings had good sleep when compared to others. There is no significant association between sleep and the demographic variables such as type of family and specific habits to promote sleep.

6) To associate general wellbeing with demographic variables of adolescents.

Table 7.1: shows that, there was a significant association between general well-being and demographic variables of adolescent day scholars such as age. Adolescents in age group of 13-14 years and female adolescents had good general wellbeing. There is no significant association between general well-being and the religion.

Table 7.2: shows that, there was a significant association between general well-being and occupation of the mother. Adolescents day scholars with home maker mother had good general well-being. There is no significant association between general well-being and demographic variables such as education of the mother and father, and occupation of the father.

Table 7.3 shows that, there was a significant association between general well-being and type of family. Adolescents day scholars living in a nuclear family had good general well-being when compared to adolescents living with joint family. There is no

significant association between general well-being and demographic variables such as number of siblings in the family and specific habits to promote sleep.

Table 7.4 shows that, there was a significant association between general well-being and demographic variables of adolescent hostellers such as age and gender. There is no significant association between general well-being and demographic variables of adolescent hostellers such as religion and monthly income of the family.

Table 7.5: shows that, there was no significant association between general well-being and demographic variables of adolescent hostellers such as education and occupation of the mother and father.

Table 7.6 shows that, there was no significant association between general well-being and demographic variables of adolescent hostellers such as type of family, number of siblings, and any specific habits to promote sleep.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

SUMMARY

The objective of the study was to assess the correlation between sleep and general well-being among adolescent day scholars and hostellers in selected settings in Chennai.

A descriptive research design was used to assess the sleep and general well-being among adolescent day scholars and hostellers in selected settings in Chennai. The review of literature provided the base and in depth knowledge for the development of the tool. The content validity of the tool on sleep and general well-being among adolescent day scholars and hostellers was obtained from the experts and the pilot study was conducted.

The study was conducted in the selected schools from Chennai namely CSI St. Thomas Matriculation Higher Secondary School (St .Thomas Mount) Chennai, Santhome Higher Secondary School (Mylapore), Chennai. The study was conducted among adolescent day scholars and hostellers in the age group of 13 to 16 years who fulfilled the inclusion criteria from the selected schools. The convenient sampling technique was used to select the samples. Informed consent was obtained from the samples and from their parents to participate in the study. Self administered structured questionnaire and rating scale was used to collect data. The investigator spent approximately 20 minutes to collect data from each sample.

The major findings of the study were

- Fifty seven percentage of day scholars were Hindus whereas 63 % of hostellers were Christians.
- Fifty four percentage of day scholars and 51 % of hostellers monthly income of the family was Rs. 10, 000 to 19, 999/-.
- Thirty percentage of day scholar's mothers completed high school education and 52 % of hostellers mothers completed higher secondary education.
- Fifty one percentage of day scholar's mothers were home maker and 55 % of hostellers mothers were doing private job.
- Thirty seven percentage of day scholars father completed high school education and 36 % of hostellers father completed higher secondary education.
- Seventy one percentage of day scholars and 64 % of hostellers fathers were private employee.
- Sixty nine percentage of day scholars and 74 % of hostellers were belonged to nuclear family.
- Fifty two percentage of day scholars and 68 % of hostellers had 2 siblings.
- Forty four percentage of day scholars had habit of listening to music and 36 % of hostellers had habit of reading books.
- On assessment of hours spent by adolescent day scholars and hostellers for various activities, 44% of day scholars and 52 % of hostellers spent 1-2 hour for indoor activities. 48 % of day scholars spent more than 2 hours for outdoor activities whereas only 8 % of hostellers spent more than 2 hours for outdoor activities. 36% of day scholars and 23 % of hostellers spent 1-2 hours for viewing television. 49% of day scholars had spent more than 2 hours in computer usage, whereas none of the hostellers used computer. 21 % of day scholars played

videogames for more than 2 hours whereas none of hostellers played videogames. 59% of day scholars and 73% of hostellers spent more than 2 hours for studies. 51 % of day scholar are going for 1-2 hours of tuition whereas none of the hostellers are going for tuition. 41% of day scholars used mobile phone for 1-2 hours whereas none of the hostellers used mobile phone. 57% of day scholars and 86% of hostellers spent 1-2 hours for cleaning activity.

- On assessment of sleep and general well-being of adolescent day scholars and hostellers, 56 % of adolescent hostellers and 37 % of adolescent day scholars had good sleep. Regarding general well-being 34 % of adolescent hostellers and 19 % of adolescent day scholars had good general well-being.
- On assessment of mean and standard deviation score of sleep and general well-being among adolescent day scholars and hostellers, day scholars had a mean sleep score of 9.54 with the SD of 2.06 whereas, the hostellers had a mean sleep score of 10.99 with the SD of 1.85. Regarding general wellbeing day scholars had a mean score of 37.76 with the SD of 8.77 whereas, hostellers had a mean score of 42.46 with the SD of 8.62.
- There was a positive correlation between sleep and general well-being of adolescents day scholars and hostellers at 1 % level of significance.
- There was a statistically significant association between sleep and general well-being of adolescents day scholars with demographic variables such as age, gender, monthly income of the family, occupation of the mother at 1 % level of significance and number of siblings in the family, type of family, specific habits to promote sleep at 5 % level of significance. There is a significant association between sleep and well-being of adolescents hostellers with demographic

variables such as age, gender at 1 % level of significance and number of siblings at 5 % level of significance.

CONCLUSION

It is seen from this study that, adolescents hostellers had a good sleep and general well-being when compared with adolescents day scholars sleep and general well-being. There is a positive correlation between sleep and general well-being of adolescents day scholars and hostellers.

NURSING IMPLICATIONS

NURSING PRACTICE

- Nurses should routinely assess sleep pattern of adolescents and plan for specific intervention to alleviate poor sleep practices.
- School health nurses should create awareness through school health programme to all teachers and adolescents regarding the importance of sleep and its relation with general well-being.
- School health nurses must empower all the parents regarding measures to promote healthy sleep practices and the impact of inadequate sleep.
- Nurses can prepare need based teaching and learning materials such as pamphlets and booklets regarding promotion of good sleep practices and distribute to a adolescents and their parents.
- Nurses should encourage adolescents to use Adolescents friendly health services to reduce the consequences of inadequate sleep.
- Community level awareness programme can be conducted to develop the healthy practices on sleep among adolescents and parents.

NURSING EDUCATION

- Nurse educator, must teach the nursing students regarding the concepts and importance of sleep and general wellbeing for adolescents.
- Nurse educator must emphasize on risk of poor sleep practices and its prevention in adolescents among nursing students who in turn can identify those problems and provide education.
- Nurse educator must sensitize the nursing students on nursing assessment of sleep pattern and quality of sleep of adolescents whenever they assess growth and development.
- Conferences, workshops and seminars can be held for nurses to update the knowledge on healthy sleep practices in adolescents.

NURSING ADMINISTRATION

- Nurse administrators can prepare assessment forms for checking healthy sleep practices followed by adolescents and the form should be available in every pediatric ward.
- Nurse administrator can plan, organize and conduct special teaching programme for staff nurses in pediatric department regarding healthy sleep practices for adolescents.
- Peer leaders can be identified and trained to educate adolescents to promote the healthy sleep practices among adolescents.

NURSING RESEARCH

- Nurse researchers can prepare guidelines for healthy sleep practices.
- Nurse researcher can do more studies on sleep, general well-being and quality of life among adolescents.

- Nurse researcher can encourage the staff nurses to utilize the findings for evidence based nursing practice.

RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are made

- The study can be conducted on a large samples of adolescents in the age group of 13 to 16 years to generalize the findings.
- From the findings of the study, it is observed that level of sleep and general well-being of adolescents hostellers are better than day scholars, hence awareness programmes can be conducted for adolescents day scholars regarding healthy sleep practices.
- A comparative study can be conducted to assess the factors contributing to inadequate sleep among adolescents day scholars and hostellers in urban and rural settings and also among male and female adolescents.

LIMITATIONS

- There were no limitations faced by the investigator during the study.

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Table 1. 4 : Frequency and percentage distribution of time spent by the adolescent day scholars and hostellers for various activities.

Activities	Day scholars								Hostellers							
	Nil		Less than 1 hour		1 – 2 hour		More than two hours		Nil		Less than 1 hour		1 – 2 hour		More than two hours	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Sports																
Indoor	-	-	27	27.0	44	44.0	29	29.0	-	-	31	31.0	52	52.0	17	17.0
Outdoor	13	13.0	7	7.0	32	32.0	48	48.0	50	50.0	16	16.0	26	26.0	08	08.0
Television viewing	29	29.0	14	14.0	36	36.0	21	21.0	50	50.0	8	8.0	23	23.0	19	19.0
Computer	19	19.0	11	11.0	21	21.0	49	49.0	100	100.0	-	-	-	-	-	-
Videogame playing	37	37.0	9	9.0	33	33.0	21	21.0	100	100.0	-	-	-	-	-	-
Studies and homework at home	-	-	23	23.0	18	18.0	59	59.0	-	-	16	16.0	11	11.0	73	73.0
Tuition	7	7.0	18	18.0	51	51.0	24	24.0	100	100.0	-	-	-	-	-	-
Mobile use	9	9.0	21	21.0	41.0	41.0	29	29.0	100	100.0	-	-	-	-	-	-
Any other specify (cleaning)	23	23.0	4	4.0	57	57.0	16	16.0	-	-	14	14.0	86	86.0	-	-

Table 1.4 shows that 44 % of day scholars and 52 % of hostellers spent 1-2 hours for indoor activities. Majority (48 %) of day scholars spent more than 2 hours for outdoor activities whereas only 8% of hostellers spent more than 2 hours for outdoor activities. Regarding television viewing 36% of day scholars and 23 % of hostellers spent 1-2 hours for viewing television. 49% of day scholars had spent more than 2 hours in computer usage whereas among hostellers none of them used computer. 21% of day scholars played videogames for more than 2 hours among hostellers none of them played videogames. 59% of day scholars and 73% of hostellers spent more than 2 hours for studies. 51% of day scholars were going for 1-2 hours of tuition whereas none of the hostellers were going for tuition. 41% of day scholars used mobile phone for 1-2 hours, among hostellers none of them used mobile phone. 57% of day scholars and 86% of hostellers spent 1-2 hours for cleaning activity.

Table 1. 4 : Frequency and percentage distribution of time spent by the adolescent day scholars and hostellers for various activities.

TOOL TO ASSESS SLEEP AND GENERAL WELL BEING

PART I. DEMOGRAPHIC DATA

Kindly encircle the appropriate option:

1) Age of the child

a) 13 years
b) 14 years
c) 15 years
d) 16 years

2) Gender

a) Male
b) Female

3) Religion

a) Hindu
b) Christian
c) Muslim
d) Others

4) Monthly income of the family

a) Less than Rs. 10,000/-
b) Rs. 10,000 to19, 999/-
c) Rs. 20,000/- and above

5) Education of the mother

a) Non literate
b) Primary education
c) High school Education
d) Higher Secondary Education
e) Graduate Education

6) Occupation of the mother

a) Home maker
b) Daily wages
c) Self employed / Business
d) Private
e) Government employee

7) Education of the father

a) Non literate
b) Primary education
c) High School Education
d) Higher Secondary Education
e) Graduate Education

8) Occupation of the father

a) Daily wages
b) Self employed/Business
c) Private
d) Government employee

9) Type of family

a) Joint family
b) Nuclear family
c) Extended family

10) Number of sibling in the family

a) One
b) Two
c) Three and above

11) Are you a day scholar?

Yes/No

If No, How long are you staying in hostel?

a) Less than 1 year
b) 1-5 years
c) More than 5 years

12) Do you follow any specific habits to promote sleep?

a) Drink milk
b) Take bath at night
c) Reading books
d) Listening to music
e) Any others

PERSONAL HABITS:

Kindly put a tick mark in the appropriate column given below:

On an average how much time do you spend for the below mentioned activities?

Activities	Nil	Less than 1 hour	1-2 hour	More than two hours
1.Sports Indoor Out door				
2.Television viewing				
3.Computer & Internet				
4.Videogame playing				
5.Studies & homework at home				
6.Tuition				
7.Mobile use				
8.Any other specify				

PART II

ASSESSMENT OF SLEEP:

Kindly encircle the appropriate option given below:

Under normal circumstance,

1. What time do you usually go to bed?

a) 9-10 pm
b) 10-11pm
c) 11-12pm
d) When I feel sleepy

2. Where do you usually sleep?

a) Bed room
b) Hall
c) Hostel room
d) Not choosy about the place

3. With whom do you usually sleep?

a) Alone
b) Parents
c) Sibling
d) Room-mates

4. After you go to bed at night, how long does it usually take you to fall asleep?

a) Immediate
b) Within 15 minutes
c) Within 30 minutes
d) Differs

5. How long do you usually sleep at night?

a) 6-7 hours
b) 7-8 hours
c) 8-9 hours
d) No regular duration

6. How often do you wake up in between your sleep?

a) Nil
b) Once
c) Twice
d) > Twice

7. What time do you usually wake up?

a) 4-5 am
b) 5-6 am
c) 6-7 am
d) 7-8 am

8. How frequently do you wake up earlier than the routine wake up time?

a) Never
b) Rarely
c) Sometimes
d) Always

9. How do you wake up after a complete sleep?

a) On my own
b) Alarm
c) Call from somebody
d) Call and touch by some one.

10. How do you feel on wake up in the morning,

a) Fresh
b) Tired
c) Sleepy
d) Irritable

11. How frequently do you feel that you had a deep sleep?

a) Never
b) Rare
c) Sometimes
d) Always

12. How frequently go you feel sleepy during day time?

a) Never
b) Rare
c) Sometimes
d) Always

13.How do you feel about your quality of sleep?

a) Good
b) Average
c) Poor
d) Very poor

PART III

ASSESSMENT OF WELLBEING :

Kindly put tick mark in the appropriate column:

PHYSICALWELL BEING	NEVER	SOMETIMES	ALWAYS
1. Feeling full of energy			
2. Doing things well			
3. Enjoying day today activities			
4. Accomplishing what is planned			
5. Feeling relaxed			
6. Getting tired too easily			
7. Fall sick often			
8. Suffering from pain			
MENTAL WELLBEING			
1.Able to concentrate in activities			
2. Feeling mentally alert			
3. Feeling happy			
4. Feeling worthful			
5. Feeling hopeful about future			
6. Able to manage situation			
7. Able to cope up with the problems			
8. Feeling confident			
9. Feeling irritable			

10. Feeling life is useless			
11. Worrying about future			
12. Feeling confused			
13. Getting upset easily			
14. Feeling anxious and tensed.			
SOCIAL WELLBEING			
1. Feeling warmth & affection			
2. Getting along with other people			
3. Feeling life is interesting			
4. Able to maintain cordial relationship with family members			
5. Difficult to maintain good relationship with friends			
6. Difficult to maintain good relationship with neighbours			
7. Feeling supported by friends			
8. Feeling that having no enemies			

SCORING AND INTERPRETATION

ASSESSMENT OF SLEEP :

Score	Grade
75 % & above	Good sleep
50 % - 74 %	Moderate sleep
0 % - 49 %	Poor sleep

ASSESSMENT OF GENERAL WELL-BEING :

Score	Grade
75 % & above	Good general wellbeing
50 % - 74 %	Moderate general wellbeing
0 % - 49 %	Poor general wellbeing

ஒப்புதல் படிவம்

அடையாறு எம்.ஏ.சிதம்பரம் செவிலியர் கல்லூரியில் எம்.எஸ்.ஸி நர்சிங் பயிலும் செல்வி ஜெ.ஜெனிமலர் என்பவரால் மேற்கொள்ளப்படும் ஆய்வைப் பற்றி எனக்கு விவரமாக கூறப்பட்டதால், இந்த ஆய்வில் பங்கேற்பதில் எந்தவித ஆட்சேபனையும் இல்லை. மேலும் என்னுடைய விவரங்களை அச்சிலேற்றுவும் முழு ஒப்புதல் அளிக்கின்றேன்.

பெற்றோரின் கையொப்பம் :

குழந்தையின் கையொப்பம் :

பெயர் :

தேதி :

இடம் :

பகுதி அ : குழந்தையின் தனி தகவல்கள்

கீழ்கண்ட கேள்விகளுக்கு ஏதேனும் ஒன்றிற்கு தகுந்த விடையை குறிப்பிடவும்

1. **குழந்தையின் வயது (வருடங்களில்)**

   அ. 13 ஆண்டுகள்

   ஆ. 14 ஆண்டுகள்.

   இ. 15 ஆண்டுகள்

   ஈ. 16 ஆண்டுகள்

2. **பாலினம்**

   அ. ஆண்

   ஆ. பெண்

3. **மதம்**

   அ. இந்து

   ஆ. கிறிஸ்தவர்

   இ. முகமதியர்

   ஈ. பிற மதத்தவர்

4. **குடும்பத்தின் மாத வருமானம்**

   அ. ரூபாய் 10,000-க்கு குறைவாக

   ஆ. ரூபாய் 10,000 முதல் 19,999 வரை

   இ. ரூபாய் 20,00க்கு மேல்

5. **தாயாரின் கல்வி தகுதி**

   அ. படிப்பறிவற்றவர்

   ஆ. தொடக்கக்கல்வி

   இ. உயர்நிலை

   ஈ. மேல்நிலை

   உ. பட்டதாரி

6. தாயாரின் பணி

அ. குடும்பத்தலைவி

ஆ. தினக்கூலி

இ. சுயவேலை/ வியாபாரம்

உ. தனியார் வேலை

ஊ. அரசு வேலை

7. தந்தையாரின் கல்வி தகுதி

அ. படிப்பறிவற்றவர்

ஆ. தொடக்கக்கல்வி

இ. உயர்நிலை

ஈ. மேல்நிலை

உ. பட்டதாரி

8. தந்தையாரின் பணி

அ. வேலையற்றவர்

ஆ. சுயவேலை / வியாபாரம்

உ. தனியார் வேலை

ஊ. அரசு வேலை

9. குடும்ப அமைப்பு

அ. கூட்டு குடும்பம்

ஆ. தனி குடும்பம்

இ. விரிவுபட்ட குடும்பம்

10. உடன் பிறப்புகளின் எண்ணிக்கை

அ. ஒன்று

ஆ. இரண்டு

இ. மூன்று மற்றும் அதற்கும் மேல்

11. நீங்கள் வீட்டில் இருந்து பள்ளிக்கு செல்பவரா?

ஆம் / இல்லை,

இல்லை என்றால்,

நீங்கள் எத்தனை காலமாக விடுதியில் தங்கியிருக்கிறீர்கள்?

அ. 1 வருடத்திற்கும் குறைவாக

ஆ. 1-5 வருடங்கள்

இ. 5 வருடத்திற்கும் மேல்

12. நீங்கள் தூக்கத்தை மேம்படுத்த ஏதாவது குறிப்பிட்ட பழக்கம் பின்பற்றுகிறீர்களா?

அ. பால் அருந்துதல்

ஆ. இரவல் குளிப்பது

இ. புத்தகம் படிப்பது

ஈ. இசைக் கேட்பது

உ. மற்றவை

கீழ்கண்ட செயல்களுக்காக செலவிடும் நேரத்தை குறியிடவும்

செயல்கள்	எப்பொழுதும் இல்லை	1 மணி நேரத்திற்கும் குறைவாம்	1-2 மணி நேரம்	2 மணி நேரத்திற்கும் மேல்
1. விளையாட்டு உள்ளரங்கு விளையாட்டு மைதானத்தில் விளையாட				
2. தொலைக்காட்சி பார்க்க				
3. கணினி மற்றும் இணைய தளம் உபயோகிக்க				
4. வீடியோகேம் விளையாட				
5. படிப்பு மற்றும் வீட்டு பாடம் செய்ய				
6. டியூசன் செல்ல				
7. கைபேசி பயன்படுத்துதல்				
8. மற்றவை				

பகுதி ஆ : உறக்கத்தைப் பற்றி அறிய உதவும் படிவம்

கீழ்கண்ட கேள்விகளுக்கு ஏதேனும் ஒன்றிற்கு தகுந்த விடையை குறிப்பிடவும்

1. நீங்கள் வழக்கமாக படுக்கைக்கு செல்லும் நேரம்?

   அ. 9-10 மணி

   ஆ. 10-11 மணி

   இ. 11-12 மணி

   ஈ. தூக்கம் வருவது போல் தோன்றினால்

2. நீங்கள் வழக்கமாக எங்கு உறங்குவீர்கள்?

   அ. படுக்கை அறையில்

   ஆ. பொது அறை

   இ. விடுதி அறையில்

   ஈ. ஏதாவது ஒரு இடத்தில்

3. நீங்கள் யாருடன் வழக்கமாக உறங்குவீர்கள்?

   அ. தனியாக

   ஆ. பெற்றோராலுடன்

   இ. உடன் பிறந்தவர்களுடன்

   ஈ. அறையில் தங்கியிருப்பவர்களுடன்

4. நீங்கள் இரவில் படுக்கைக்கு சென்ற பின்னர், எவ்வளவு நேரம் கழித்து உறங்குவீர்கள்?

   அ. உடனடியாக

   ஆ. 15 நிமிடங்களில்

   இ. 30 நிமிடங்களில்

   ஈ. வேறுபடும்

5. நீங்கள் வழக்கமாக எவ்வளவு நேரம் இரவில்ட உறங்குவீர்கள்?

அ. 6-7 மணி நேரம்

ஆ. 7-8 மணி நேரம்

இ. 8-9 மணி நேரம்

ஈ. மாறுபடும்

6. நீங்கள் வழக்கமாக உறக்கத்தின்போது எத்தனை முறை விழிப்படைவீர்கள்?

அ. ஒன்றுமில்லை /விழிக்கமாட்டேன்

ஆ. ஒருமுறை

இ. இரண்டு முறை

ஈ. இரண்டு முறைக்கும் மேல்

7. நீங்கள் வழக்கமாக காலையில் எப்பொழுது எழுவீர்கள்?

அ. 4-5 மணி

ஆ. 5-6 மணி

இ. 6-7 மணி

ஈ. 7-8 மணி

8. நீங்கள் எத்தனை முறை வழக்கமாக விழிப்படையும் நேரத்திற்கு முன்னதாக விழிப்பீர்கள்?

அ. ஒரு போதும் இல்லை

ஆ. அரிதாக

இ. சில நேரங்களில்

ஈ. எப்போதும்

9. நீங்கள் முழுமையான உறக்கத்திற்கு பின்னர் எப்படி எழுவீர்கள்?

அ. நானாக

ஆ. அலாரம் வைத்து

இ. மற்றவர்கள் எழுப்புவதன் மூலம்

ஈ. அழைப்பு மற்றும் தொடுதல் மற்றவர்கள் அழைத்தும் தொட்டு எழுப்புவேதன் மூலமும்

10. நீங்கள் காலையில் எழுந்தவுடன் எப்படி உணர்வீர்கள்?

அ. புத்துணர்வாக

ஆ. சோர்வாக

இ. மேலும் உறங்க வேண்டும்போல

ஈ. எரிச்சலாக

11. நீங்கள் எப்பொழுதெல்லாம் ஆழ்ந்து உறங்கியதாக உணர்வீர்கள்?

அ. ஒரு போதும் இல்லை

ஆ. அரிதாக

இ. சில நேரங்களில்

ஈ. எப்போதும்

12. நீங்கள் எப்பொழுதெல்லாம் பகல் நேரத்தில் உறங்கவேண்டும் போல உணர்வீர்கள்?

அ. ஒருபோதும் இல்லை

ஆ. அரிதாக

இ. சில நேரங்களில்

ஈ. எப்போதும்

13. நீங்கள் உங்கள் உறக்கத்தை பற்றி என்ன நினைக்கிறீர்கள்?

அ. நன்று

ஆ. சராசரியாக

இ. குறைபாடாக

ஈ. மிகவும் குறைபாடாக

பகுதி இ : நலத்தைப்பற்றி அறிய உதவும் படிவம்

கீழ்கண்ட கேள்விகளுக்கு ஏதேனும் ஒன்றிற்கு தகுந்த விடையை குறிப்பிடவும்

உடல் நலம் சார்ந்த	எப்பொழுதும் இல்லை	சில வேளைகளில்	எப்பொழுதும்
1. முழு ஆற்றலுடன் இருப்பதாக உணர்கிறேன்.			
2. எல்லாவற்றையும் நன்றாக செய்கிறேன்.			
3. தினசரி நடவடிக்கைகளை அனுபவித்து செய்கிறேன்.			
4. திட்டமிட்டவைகளை செய்து முடிக்கிறேன்.			
5. நிம்மதியாக உணர்கிறேன்.			
6. மிக எளிதில் சோர்வடைகிறேன்.			
7. அடிக்கடி உடல்நல குறைப்பாடு அடைகிறேன்.			
8. உடல் வலியால் அவதிப்படுகிறேன்.			

மனம் நலம் சார்ந்த	எப்பொழுதும் இல்லை	சில வேளைகளில்	எப்பொழுதும்
1. அன்றாட நடவடிக்கையில் கவனம் செலுத்த முடிகிறது.			
2. மனதளவில் விழிப்புடன் இருப்பதாக உணர்கிறேன்.			
3. சந்தோஷமாக உணர்கிறேன்.			
4. மதிப்புள்ளவனாக உணர்கிறேன்.			
5. எதிர்காலம் குறித்து நம்பிக்கையுடன் உணர்கிறேன்.			
6. நிலைமையை சமாளிக்க முடியும் என நம்புகிறேன்.			
7. பிரச்சினையை சமாளிக்க முடியும் என நம்புகிறேன்.			

8. நம்பிக்கையுடன் உணர்கிறேன்			
9. எரிச்சலாக உணர்கிறேன்			
10. வாழ்க்கை பயனற்றதாக உணர்கிறேன்			
11. எதிர்காலத்தை பற்றி கவலை கொள்கிறேன்.			
12. குழப்பமாக உணர்கிறேன்			
13. எளிதாக விசனமடைகிறேன்			
14. கவலையுடனும், புகட்டத்துடனும் உணர்கிறேன்			

சமூக நலம் சார்ந்த	எப்பொழுதும் இல்லை	சில வேளைகளில்	எப்பொழுதும்
1. நேசம் மற்றும் அரவணைப்புடன் உணர்கிறேன்.			
2. மற்ற மக்களுடன் ஒத்துப் போகிறேன்.			
3. வாழ்க்கையை சிறப்பாக உள்ளதாக உணர்கிறேன்.			
4. குடும்ப உறுப்பினர்களுடன் சுமுகமான உறவை பராமரிக்க முடிகிறது.			
5. நண்பர்களுடன் நல்ல உறவு பராமரிக்க கஷ்டப்படுகிறேன்.			
6. அக்கம் பக்கத்திலுள்ளவர்களுடன் நல்ல உறவு பராமரிக்க கஷ்டப்படுகிறேன்.			
7. நண்பர்கள் ஆதரவுடன் இருப்பதாக உணர்கிறேன்.			
8. விரோதிகள் இல்லை என்று உணர்கிறேன்.			

INFORMED CONSENT FORM

I have been informed about the purposes of the study being conducted by Mrs. J.Jenimalar, M.Sc (Nursing) of M.A.Chidambaram College of Nursing Adyar, Chennai and I have no objection in participating in the study. I also give my full consent for the use of this data for the purpose of any presentation or publication.

Signature of the parents :

Signature of the child :

Name :

Date :

Place :

CERTIFICATE OF ENGLISH EDITING

This is to certify that Ms. Jenimalar. J, II year M.Sc.(Nursing) student of M.A.Chidambaram College of Nursing, Adyar, Chennai, conducted a dissertation work on "**A comparative study to assess the correlation between sleep and general well-being among adolescent day scholars and hostellers in selected setting in Chennai."** has been edited by me for English language appropriateness.

E. ALEX ANGLEY
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DEPARTMENT OF ENGLISH
COLLEGE OF ARTS & SCIENCE

CERTIFICATE OF TAMIL EDITING

This is to certify that the dissertation done for **"A comparative study to assess the correlation between sleep and general well-being among adolescent day scholars and hostellers in selected setting in Chennai",** by Jenimalar. J M.Sc., (Nursing) student of M.A. Chidambaram college of Nursing, Adyar, Chennai, has been edited by me for Tamil language appropriateness.

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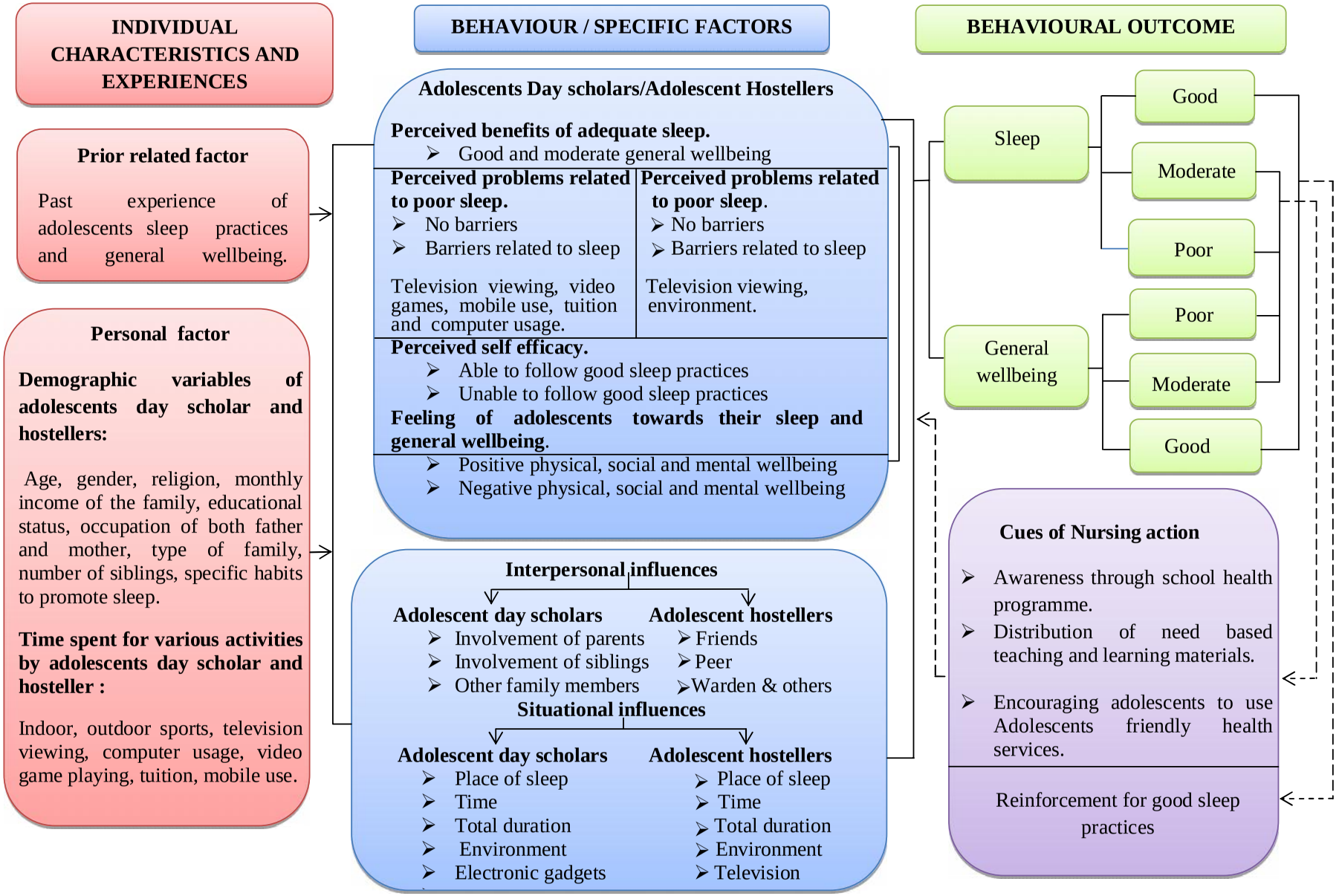

FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON PENDER' S HEALTH PROMOTION MODEL (1996)